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*National Evaluation of the
Safe Kids/Safe Streets Program*

Processing and Outcomes of Child Abuse and Neglect Cases in Three Sites

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Abstract

The Safe Kids/Safe Streets (SK/SS) Program, sponsored by the U.S. Department of Justice, was designed to reduce child maltreatment in 5 demonstration sites through comprehensive, multifaceted strategies involving a wide array of community partners. This report, which supplements a comprehensive final evaluation report on the entire effort, looks at the processing and outcomes of child abuse and neglect cases in three of the SK/SS communities—Burlington, Vermont; Huntsville, Alabama; and Kansas City, Missouri. The study employed a case tracking methodology, which follows a sample of cases across multiple agencies and collects details on each agency's involvement with the case. It attempted to model earlier case tracking efforts by the sites themselves and their local evaluators, which had collected potential baseline data for comparison. In Kansas City, the new data collection focused on sexual abuse cases reported to child protective services in 2002, and in Huntsville, on child abuse and neglect cases opened for child protective services in 2002. In Burlington, the study sampled child abuse and neglect cases that were filed in the Family Court in 2002-2003.

The authors describe how these cases were handled in each of the three sites, the types of service referrals and services received by the families involved, and the case dispositions, including whether the children involved achieved permanency. The majority of children in all three sites had achieved permanency—either at home with parents or in another placement—by the time the data were collected, two years or more after the target report or petition. The study also tracked subsequent contacts with child protective services for the sample cases, finding them in about one-fifth of the Huntsville cases, 17 percent of the Kansas City cases, and 42 percent of the Burlington cases. Data for earlier time periods (from the local evaluations) are reported, but sampling and data analysis issues made it difficult to draw conclusions about changes over time, except for Burlington. In Burlington, the authors conclude that there were changes over time in several areas—most notably, far fewer children were removed from their homes and many more of the families who needed in-home assessment or substance abuse assessment received the services than in 1998 and 2000. There were also indications that families were getting services earlier in the court process and reaching permanency more rapidly. It seems likely that the efforts of the SK/SS project, working in close partnership with the Family Court, played a key role in these changes.

The authors conclude with a discussion of the benefits and drawbacks of the case tracking approach and make recommendations for how it could be used more effectively in future efforts.

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1. Introduction

Many studies suggest that child abuse and neglect are risk factors for the development of juvenile delinquency and other problem behaviors. The U.S. Department of Justice's Office of Justice Programs (OJP) designed the Safe Kids/Safe Streets (SK/SS) program to break the cycle, by reducing child abuse and neglect through comprehensive, multifaceted strategies involving a wide array of community partners. OJP selected five demonstration sites to implement the program, which began in 1997. The five communities were Burlington, VT; Huntsville, AL; Kansas City, MO; Sault Ste. Marie, MI; and Toledo OH.

Westat developed a four-volume report which describes the results of Westat's national evaluation of Safe Kids/Safe Streets.¹ That report examined planning and implementation at the SK/SS sites from their initial awards in 1997 through June 2003. The report used information from 6 years of evaluation data collection, including twice yearly site visits, ongoing reviews of project documentation, three stakeholder surveys, a survey of agency personnel, and two structured surveys of key informants. OJP provided Westat with supplemental funding to further examine project outcomes. Specifically, the additional funding supported data collection, analysis, and reporting on the following research questions:

- Is there evidence that the formal child protection system is operating differently or producing different outcomes than it did before SK/SS?
- If changes are detected, is it plausible or likely that SK/SSStreets made a contribution to those changes? How?

Westat's evaluation team examined the logic models for each of the sites to identify outcomes not measured through other data collection efforts that might have occurred by this stage in the program implementation. While the process evaluation uncovered anecdotal information for some of these outcomes, we wanted to focus on those outcomes for which there was not independent and objective evidence of change. Through this review, Westat identified outcomes related to case processing and decisionmaking that met these criteria. We then classified these outcomes into three broad categories:

¹ For more information about this program, see Gragg, F., Cronin, R., Schultz, D., and Eisen, K. *National Evaluation of the Safe Kids/Safe Streets Program: Final Report. (Volumes I – IV)*. Rockville, MD: Westat, 2004.

- Service outcomes
 - Increased referrals to child abuse and neglect resources; more interviews at Children’s Advocacy Centers
 - Increased participation and acceptance of services; more supportive services
 - More timely services

- Case outcomes
 - Streamlined and expedited investigation process
 - More consistent, timely, and successful prosecutions; improved timeliness of filings; more offenders held accountable; improved compliance with sentencing conditions
 - Closer monitoring of child safety/well-being

- Child and family outcomes
 - Reduced trauma to child abuse and neglect victims and their families
 - Reduced recidivism
 - Fewer children removed from the home
 - Expedited case resolution and permanency planning
 - Permanency achieved

Westat collected information on these outcomes using a case tracking methodology. This data collection technique tracks a set of cases across multiple agencies and collects details on each agency’s involvement with the case. Using this methodology, Westat collected individual-level data on child abuse cases involved with the formal child protection system in three of the SK/SS communities—Burlington, Vermont; Huntsville, Alabama; and Kansas City, Missouri. In Kansas City and Huntsville, we sampled 2002 cases; in Burlington we sampled 2002 and 2003 cases. These time periods were chosen to allow us to compare findings from early in the development of the SK/SS program (collected by the local evaluators) to a time where we might expect to see a change in outcomes based on the programs developed in each site. We collected data for the sampled cases in 2004, so we could reasonably assume that the agencies had processed most of the child abuse cases from 2002 and 2003 and that involvement by different agencies and case outcomes could be identified.

Each of these sites had tested the feasibility of the case tracking methodology through a multi-system case analysis (MSCA) effort of its own. OJP had strongly encouraged all five SK/SS sites to conduct a MSCA, patterned on a model developed by the Child Welfare League of America. All sites eventually did so. After determining that Westat could use the MSCA data as a baseline in three of the sites, we modeled our study design on the MSCA efforts at those sites. Further, we drew on those sites’ experiences with the MSCA in planning and implementing our data collection effort.

Westat had limited success in duplicating the MSCA methodology conducted in the three sites. In Kansas City, we only collected data from those cases most affected by SK/SS; data on a comparable control group were not collected because of limited resources. In Huntsville, we collected data in the Department of Human Resources and the District Court. Because of other ongoing evaluations, we did not receive permission to collect data from the multidisciplinary team, law enforcement, or the District Attorney's Office. This particularly affected our ability to replicate the earlier sample. We had the greatest success in replicating the earlier study in Burlington, Vermont, where the Westat data collection closely mirrored that of the earlier MSCA, which examined cases from 1998 and 2000.

Before data collection began, Westat obtained clearance from Westat's Institutional Review Board (IRB) for the case tracking project. As part of that process, we contacted the individuals in charge of the agencies or units where data were to be collected. Agencies agreeing to participate in the study provided a signed statement of their approval for the study's protocols and data collection procedures. Throughout the study, Westat staff and data collectors followed strict confidentiality procedures:

1. **Identifying information.** Westat collected identifying information only on one form and only in those spaces clearly marked. The data collectors kept the data forms with identifying information in locked boxes unless they were working on them. We removed and destroyed identifying information once all case information had been received and verified at Westat.
2. **Unique Westat identifiers.** We used unique numerical identifiers to track the cases among agencies. We maintained a master list of these identifiers, the agency case numbers, and individual names at Westat in a locked file. We destroyed this master list after completing all data processing.
3. **Limited access.** Only Westat office and field staff had access to study data. These individuals received training on the procedures and signed a statement affirming their obligation to maintain confidentiality. No staff working on the study allowed unauthorized persons access to the data.
4. **Data transfer.** We used data tracking logs to track forms as they moved among data collectors and agencies. This log specified the data form number, agency identification numbers, and tracking dates regarding each data form.

Each site's circumstances and prior MSCA effort provided unique opportunities and challenges. Local terminology, child abuse categories, targeted cases, and case processing procedures also varied somewhat across sites. For example, in Kansas City, the study focused on

sexual abuse cases. In Huntsville, the baseline cases were drawn from those reviewed by the multidisciplinary team; the followup sample was drawn from child abuse and neglect cases opened for services in 2002. In Burlington, we sampled child abuse and neglect cases that were filed in the Family Court. Thus, our research approach and results for each site are discussed independently. Chapter 2 discusses the methodology and results from Kansas City. Chapter 3 describes the data collection and findings for Huntsville, and Chapter 4 presents this information for Burlington. Chapter 5 outlines outcomes from each of the three site analyses and recommendations for future research.

2. KIDSAFE in Kansas City, Missouri

The Heart of America United Way undertook the Safe Kids/Safe Streets (SK/SS) program in 1997, ultimately receiving six awards from the Executive Office of Weed and Seed. Throughout implementation, KIDSAFE, the local name for the SK/SS project, worked on all four of the program elements required by OJP—system reform and accountability, continuum of services, data collection and evaluation, and prevention education and public information. While the emphasis shifted somewhat over time, the project maintained a strong focus on system reform throughout. In Kansas City, the KIDSAFE collaborative brought together a broad spectrum of agencies and organizations that come into contact with maltreated children. The variety and scope of KIDSAFE’s implementation activities produced some changes in the routines, policies, and procedures that affect the identification, intervention, and treatment of child maltreatment. A number of agencies in the formal child protection system undertook reorganizations or structural changes to improve how they handled child abuse and neglect cases. These efforts benefited from the constant interaction of KIDSAFE collaborators and the new insights they developed about system needs and problems.

KIDSAFE’s system reform agenda also involved identifying and responding to policy and procedural issues identified by partners as weaknesses in the formal child protection system. Through the project’s collaborative network of agencies and organizations, KIDSAFE staff played an important role in the development of numerous formal protocols and guidelines as well as more informal procedures for multiagency responses to specific types of cases. These changes in structures, routines, and policies affect both the identification of child abuse and neglect and subsequent interventions.

This chapter summarizes the results from the Kansas City site. Section 1 provides a brief description of the study methodology. Section 2 describes the victims, families, and perpetrators involved in the sampled reports. Section 3 presents a case flow diagram that maps how the cases intersected with the different agencies in Kansas City’s child protection system. Sections 4 through 7 provide more details on each agency’s involvement with the cases. Section 8 gives details on the maltreatment histories of the sampled reports. Finally, Section 9 provides a summary of the results and discusses the implications of the findings.

2.1 Methodology

2.1.1 Selecting the Sample

In Kansas City, we selected the sample to conform as closely as possible to the set of cases examined during the MSCA. For the MSCA, the local evaluator reviewed 76 sexual abuse cases from 1998 and 2000, drawn from the KIDSAFE target area and a comparison area. To obtain a comparable sample of cases for 2002, we asked the Children's Division in the Department of Social Services² to produce a list of all 2002 sexual abuse reports from the five ZIP Codes that constitute the KIDSAFE target area. The resulting list contained 66 reports that met the criteria. We selected the first 50 reports for the sample. During data collection, we learned that for two of the sampled reports, the Children's Division had been unable to locate the child and closed the report without any action. We replaced these sampled reports with the next reports on the listing. For one other sampled report, the Children's Division was unable to locate the file or any detailed information about the report after an extensive search. As a result, the final sample included 49 reports.

Due to budget constraints, we did not sample reports from a comparison area. Rather, we planned to use the MSCA results as a baseline to compare with the 2002 reports sampled from the target area. However, since the MSCA analysis did not reveal any notable differences by year or location, the Kansas City local evaluator combined the results for these groups in the report describing the results.³ Unfortunately, this makes comparing the two studies more difficult since the MSCA findings include cases from outside the target area. While many of KIDSAFE's projects targeted the agencies serving the entire Jackson County area, some of the information-sharing, training, and prevention activities focused specifically on the offices or units serving the target area. Nonetheless, the combined MSCA findings serve as a point of comparison for this effort.

Developing the Data Collection Forms. Westat designed the data collection forms so that individuals could be tracked across agencies, and details could be extracted about each agency's involvement with a particular case. In Kansas City, there were seven forms associated with the case tracking data collection.

² The Department of Social Services reorganized toward the end of the project, renaming the Division of Families Services the Children's Division.

³ Institute for Human Development (January 2004). *Jackson County Sexual Abuse Multi-System Survey*. University of Missouri-Kansas City. Author.

- The Person Roster summarizes information on individuals involved in the case and their relationships to one another.
- The Person Data Form contains personally identifiable information on every person involved in the case.
- The Maltreatment Form captures a complete description of the child abuse and neglect incident. The form allows for information from all sources concerning maltreatment events, their nature, consequences, background, and circumstances.
- The Children’s Division Form, the Family Court Form, the Kansas City Police Department Form, and the Prosecuting Attorney’s Office Form extract information geared to the specific agency’s knowledge of and involvement with the sampled case.

See Appendix A for copies of each data collection form.

2.1.2 Collecting the Data

Westat tracked cases through the paper and computer files in the Jackson County Children’s Division, Jackson County Family Court, Kansas City Police Department (KCPD), and the Jackson County Prosecuting Attorney’s Office (PAO). We hired two staff from the KIDSAFE project to collect the data. These individuals served KIDSAFE as project liaisons to two of the agencies (the Children’s Division and KCPD) and had also collected data for the MSCA. Their familiarity with the files and their prior data collection experience proved invaluable in understanding the information and procedures in the Children’s Division and KCPD. We trained these data collectors over a 2-day period that included time at each agency to review the location and content of the different files. Data collection occurred in the spring of 2004.

The data collection at the Children’s Division involved reviewing electronic or hard copy files for the sampled reports of sexual abuse. For 27 of the sampled reports, the Children’s Division located the hard copy files for review. For the remaining 22 sampled reports, the hard copy files were not readily available. However, the Children’s Division provided a printout of all of the information contained in the report’s electronic record. While the electronic records included much of the information needed, there were gaps. Several items on the Maltreatment Form and the Children’s Division Form had to be coded as missing. Although the problem is

item-specific, the fact that so many files were missing complicates the comparisons over time between the two studies.

The data collectors began at the Children’s Division, identifying information concerning all victims, perpetrators, parents, and other children and caregivers living in the victim’s household. The data collectors then abstracted details of the abuse or neglect that occurred, the Children’s Division actions, and the outcomes for the report. After completing the review of files at the Children’s Division, the data collectors proceeded in order from Family Court, to KCPD, to the PAO, in each case checking computer databases (with help from agency staff) to see if the cases had reached those agencies. At the Family Court, the database search revealed that seven of the reports sampled for 2002 had Family Court involvement. At KCPD, the database search found perpetrator-level records for 17 of the sampled reports. In the PAO, the data collectors searched the agency’s computerized database and found perpetrator-level records for five of the sampled reports.

2.2 The Sample

This section provides information about the 49 sampled reports of sexual abuse and the characteristics of the victims, families, and perpetrators involved in the maltreatment. In this and later sections, we refer to comparison data from the earlier time period (1998 and 2000) as “MSCA” findings.

2.2.1 Case Characteristics

Table 2-1 shows the number of sexual abuse victims and perpetrators involved in the sampled reports. Seventy-one percent of the reports involved a single victim. Of the remaining reports, 24 percent involved two or three victims and 4 percent involved four or more victims. Altogether, the records show that the 49 sampled reports involved a total of 68 victims. Slightly fewer of them had multiple perpetrators. While 78 percent of the reports involved a single perpetrator, 22 percent involved two or three perpetrators. None of the reports involved more than three perpetrators. A review of the MSCA findings found that 78 percent of that sample involved a single victim, while 95 percent involved a single perpetrator.

Table 2-1. Persons Involved in the Cases

Cases (n=49)	Number	Percent
Number of victims		
1	35	71
2-3	12	24
4 or more	2	4
Number of perpetrators		
1	38	78
2-3	11	22
4 or more	0	---

Table 2-2 shows the type of maltreatment documented in the agency files. The study design limited the sample to sexual abuse reports, and the records confirmed that all of the incidents involved some sort of sexual abuse. Among the different subtypes of sexual abuse, the files described fondling of genitals most often (47%). Some of the incidents also involved fondling of breasts or buttocks (33%), sexual battery that involved intrusion or penetration (27%), and other forms of sexual abuse (22%) such as forcing the child to perform oral sex or masturbate, involving the child in prostitution, attempting penetration, and infecting the child with a sexually transmitted disease. The reports also alleged other types of maltreatment, with physical neglect most common (18%), followed by physical abuse (8%), emotional abuse (4%), emotional neglect (4%), and other maltreatment or endangerment (2%).

For more than three-quarters (76%) of the reports, the maltreatment did not result in any observable harm or injury to the child, according to the Children’s Division investigators. The investigators saw physical harm or injury in 12 percent of cases and emotional harm or injury stemming from the maltreatment incident in another 12 percent. No fatalities resulted.

In general, only a few of the case files mentioned perpetrator-level problems that may have been associated with the maltreatment, such as criminal activity (12%), alcohol abuse (12%), drug abuse (8%), domestic violence (6%), mental illness (4%), or financial problems (4%). For nearly two-thirds of the sampled reports (63%), the review of files did not uncover any such information. However, in 10 percent of cases the agency records included information about the use of alcohol or drugs during the incident on the part of the perpetrator, victim, parent, or someone else involved in the situation.

Table 2-2. Maltreatment Type and Harm or Injury in Each Case

	Number	Percent
Maltreatment type (n=49)		
Sexual abuse	49	100
<i>Fondling of genitals</i>	23	47
<i>Fondling of breasts or buttocks</i>	16	33
<i>Sexual battery</i>	13	27
<i>Inappropriate exposure</i>	6	12
<i>Suggestive talk or use of pornography</i>	1	2
<i>Sexual exploitation</i>	1	2
<i>Other sexual abuse</i>	11	22
Physical abuse	4	8
Emotional abuse	2	4
Physical neglect	9	18
Emotional neglect	2	4
Other maltreatment or endangerment	1	2
Harm or injury (n=49)		
No harm observed	37	76
Fatal injury	0	---
Physical harm	6	12
Emotional harm	6	12

* Percents may exceed 100 because more than one type of abuse could be specified.

2.2.2 Victim Characteristics

As mentioned above, the 49 sampled reports involved 68 victims. Table 2-3 gives details on their demographic characteristics. Most of the victims were females (68%). Few of the victims were very young children, with just 9 percent in the 0 to 2-year-old age group. While 21 percent of the victims were in the 3 to 5 age group and one-quarter were between 6 and 10 years of age, the victims were most often 11 to 15 years of age (40%). Relatively few of the victims (6%) were older teens in the 16 to 17 years age group. The MSCA report did not include any information about the victim's age.

The victim's race/ethnicity largely conforms to the racial makeup of the KIDSAFE target area. A slight majority of the victims were African American (56%) with fewer white victims (38%) and almost no Hispanic victims (1%). In the earlier MSCA sample, somewhat more of the victims were female (81%) and African American (66%).

Table 2-3. Victim Characteristics

Characteristics (n=68)	Number	Percent
Gender		
Male	21	31
Female	46	68
Unknown	1	2
Age		
0-2	6	9
3-5	14	21
6-10	17	25
11-15	27	40
16-17	4	6
Race/ethnicity		
White	26	38
Black	38	56
Hispanic	1	1
Unknown	3	4
Living situation		
Lives with two legal parents	13	19
Lives with only his/her legal mother	39	57
Lives with only his/her legal father	7	10
Lives with <u>no</u> legal parent	4	6
No specific information	5	7

The agency records for most victims revealed information about the child’s living situation. Most of the victims lived with a legal mother only (57%). Some victims lived with two legal parents (19%) while others lived only with their father (10%). A few of the victims did not live with a legal parent (6%) because they were in a detention center or living with a guardian or relative.

Few of the agency files mentioned specific emotional or behavioral problems of the involved victims. Overall, fewer than 10 percent of victims had documented problems such as school discipline or truancy issues (8%), behavior problems (6%), sexual acting out (6%), mental illness (4%), special education needs (4%), or substance abuse (2%). The MSCA found similarly low levels of these behaviors or issues, with evidence of mental illness for 4 percent of victims and substance abuse for 1 percent.

Table 2-4 details the relationship between the victims and perpetrators. Thirty-eight percent of victims were the natural children of the perpetrator and another 16 percent of victims

Table 2-4. Victim’s Relationship to Perpetrator

Relationship to perpetrator (n=68)	Number	Percent
Natural child	26	38
Stepchild	11	16
Sibling	5	7
Other relative	6	15
Parent’s boyfriend/girlfriend	11	16
Other relationship	8	12
Not related	12	18
Unknown	4	6

were stepchildren. Seven percent of the victims were maltreated by a sibling. Aside from siblings, another 15 percent of victims were abused by a close relative, such as a grandparent, aunt/uncle, or cousin. For 16 percent of the victims, the perpetrator was the boyfriend or girlfriend of a parent. Some of the victims were not related to the perpetrator at all (18%). For the most part, these relationships parallel those from the MSCA. In the earlier sample, the perpetrators included natural parent (23%), step-parent (6%), sibling (6%), other relative (16%), parent’s paramour (16%), neighbor or friend (13%), or someone else (9%). Fewer of the MSCA victims were maltreated by a natural parent than in the current study (23% vs. 38%). At the same time, the MSCA sample did not include a category for “not related,” which accounted for 18 percent of the victim-perpetrator relationships in the current study.

2.2.3 Family Characteristics

The agency files contained limited information about parental employment status and household financial circumstances. Table 2-5 provides details on the employment status for the parents involved in the 49 sampled reports. In more than one-quarter of the cases, the mothers were unemployed (29%). Nearly as many mothers were employed (27%), while 6 percent had some other employment status. However, in 39 percent of the sampled reports, the files contained no information about the mother’s employment status. While some of the fathers had jobs (18%), others were unemployed (8%) or had some other employment status (2%). The files provided no information about the father’s employment status for most reports (71%). This is not surprising given that 57 percent of the victims lived only with their mother.

Table 2-5. Parental Economic Status

Employment status (n=49)	Number	Percent
Mother		
Employed	13	27
Unemployed	14	29
Other	3	6
No specific information	19	39
Father		
Employed	9	18
Unemployed	4	8
Other	1	2
No specific information	35	71
Financial assistance or circumstances		
Receive state income maintenance	14	29
Receive federal TANF support	3	6
Receive Food Stamps	8	16
Receive housing assistance	2	4
Medicaid eligible	2	4
Homeless	1	2
Other	1	2
No specific information	33	67

As also shown in Table 2-5, some of the families involved in these incidents received public assistance such as state income maintenance (29%), federal welfare support through the Temporary Aid for Needy Families program (6%), Food Stamps (16%) or housing assistance (4%). Again, this information was not available for a majority of the sampled reports (67%).

2.2.4 Perpetrator Characteristics

Most of the 60 perpetrators involved in the sampled reports were male (73%), with just 22 percent of them female. Information about the perpetrator's gender was unknown for 5 percent of the perpetrators. There were just a few juvenile perpetrators (8%). Many of the perpetrators were between 18 and 29 (18%) or between 30 and 39 (27%). Another 17 percent of the perpetrators were in their 40's, while 10 percent were age 50 or over. For 12 percent of the perpetrators, the case files did not contain any information about their age. By comparison, the MSCA sample of cases involved mostly male perpetrators (96%) older than 25 (74%).

2.3 Case Flow

Through case tracking in Kansas City, we sought to gain a better understanding of the ways in which the children and families involved in maltreatment allegations intersect with different agencies that constitute the child protection system. Figure 2-1 depicts the different pathways cases traveled through the system and the outcomes for the 49 sexual abuse reports sampled and reviewed for this study. The figure shows how many of them reached the different agencies and the case outcomes for them within the agencies.

As described earlier, Kansas City KIDSAFE's MSCA gathered information for two time periods (1998 and 2000) and two areas, the KIDSAFE target area and a comparison area. Using information from the local evaluator's report on the MSCA, we developed Figure 2-2 to show how the cases sampled in that earlier study flowed through the system.

The comparisons we had planned between the two studies proved difficult for a number of reasons. First, the local evaluator's report on the MSCA combined the data from the target area and the comparison area and from both time periods in presenting the results. Although the local evaluator concluded that the target and comparison groups did not differ systematically, we would have preferred to compare the target cases in our sample with previous target cases only. Second, the MSCA initially sought to review only probable cause cases (those substantiated after the investigation) to increase the likelihood that the cases went deeper into the child protection system. However, given the low number of probable cause cases, the local evaluator decided to review both probable cause and unsubstantiated cases. From the outset, our study sampled from all reports of sexual abuse in the target area during 2002, whether they were substantiated or not. These differences in sampling strategy might have introduced some variations in the types of cases studied, although it is difficult to determine how much that contributes to differences in the findings.

Despite these difficulties, Figures 2-1 and 2-2 provide useful information about case flow within the child protection system. In 1999, Missouri adopted a dual track system for child abuse and neglect reports. Instead of automatically investigating every report, reports were evaluated and the more serious allegations were assigned to the investigation track and the less serious allegations to the family assessment track. In 2002, Figure 2-1 shows that almost all of the reports followed the investigative track (96%) within the Children's Division, with just a few following the assessment track (4%). We expected this result since the sampling strategy limited

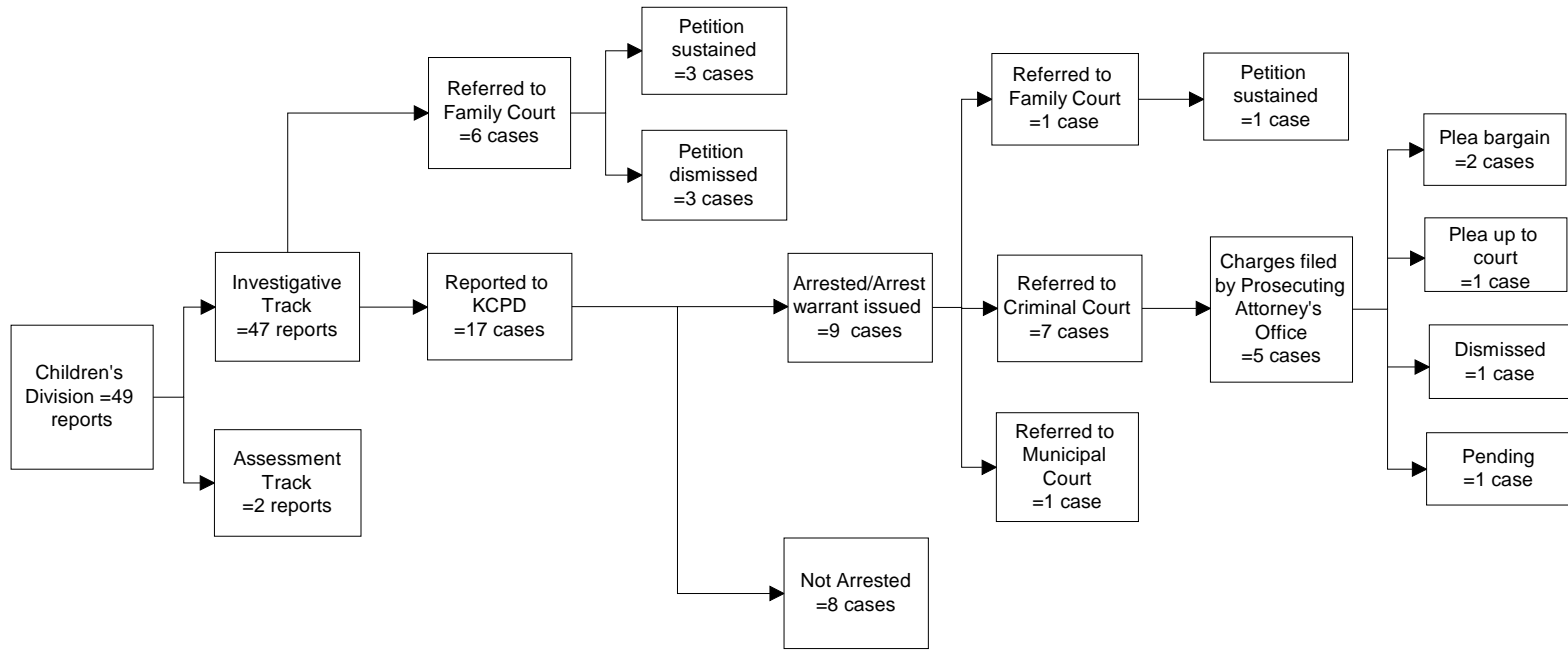


Figure 2-1. Kansas City: Case Flow Results from Current Study

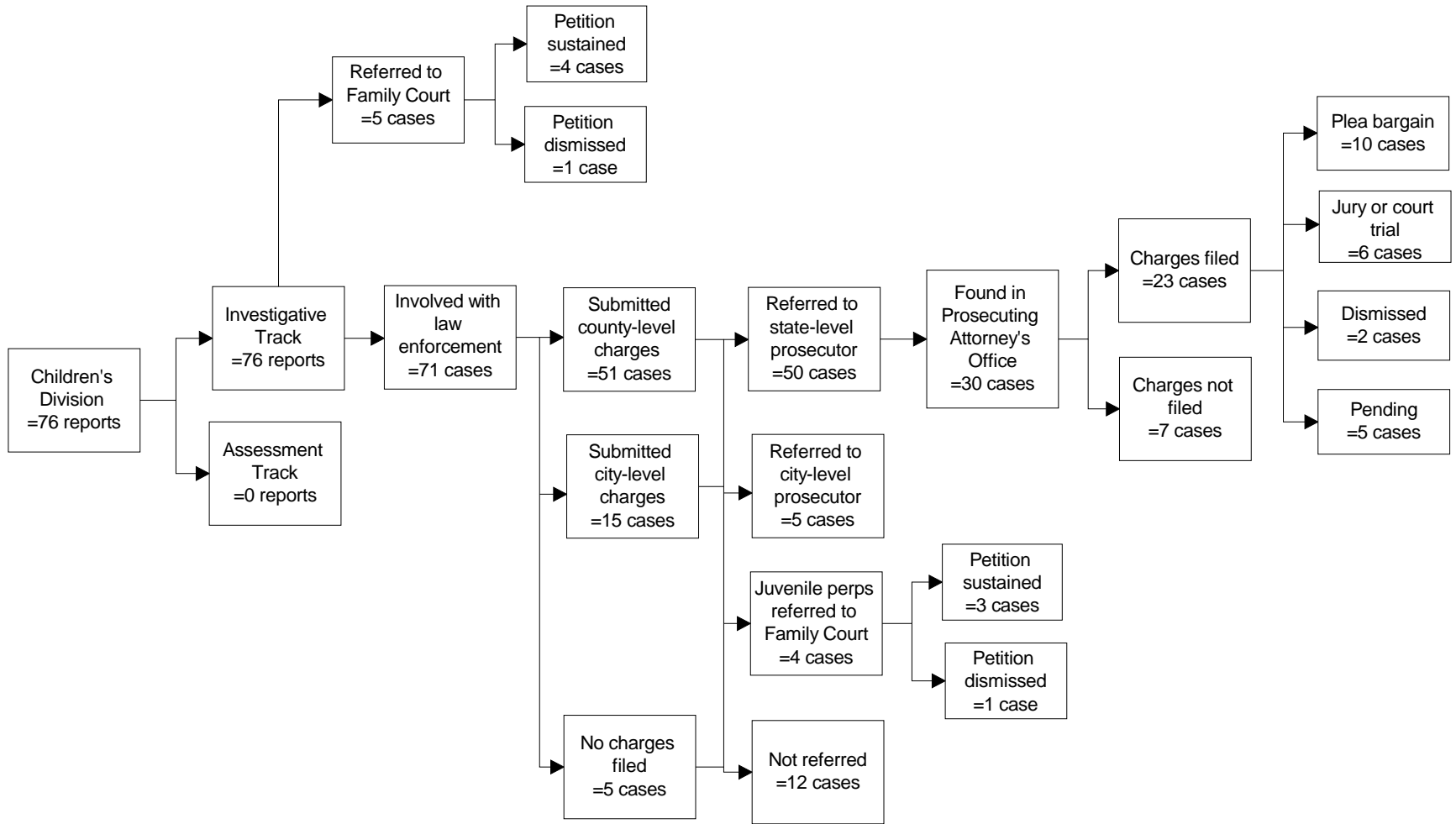


Figure 2-2. Kansas City: Case Flow Results from MSCA

the scope to reports of sexual abuse. As a matter of policy, the Children's Division investigates nearly all allegations involving sexual abuse. The two reports that followed the assessment track involved a neighbor reporting a child's possible exposure to sexual activity and a babysitter reporting inappropriate touches by someone in the child's home. At this entry point into the system, the MSCA results (Figure 2-2) were similar to the findings from the 2002 sample. All of the cases in the MSCA sample followed the investigative track.

From the Children's Division, some of the reports proceeded to Family Court. Overall, the Family Court opened six cases, representing 12 percent of the sampled reports. The Family Court cases involved situations where the child had contracted a sexually transmitted disease, sustained physical injuries as a result of sexual abuse, or the mother failed to protect the child from the perpetrator despite being aware of the perpetrator's actions. The reports that did not reach Family Court involved situations where the Children's Division believed that the victim was protected or the perpetrator had been removed, making Family Court action unnecessary. Slightly fewer of the MSCA cases reached Family Court. The Family Court received referrals on just five of the 76 cases, representing 7 percent of the MSCA sample.

Figure 2-1 also shows that for three of the six cases with Family Court involvement, the Family Court sustained the petitions after a hearing on the case. For the other three cases, the Family Court dismissed the petitions and closed the case. The dismissed cases involved a parent's failure to protect, a father's allegations of sexual abuse by the victim's mother, and a situation where the perpetrator who exposed himself to the victims no longer resided with the family. Among the MSCA cases that reached Family Court, the judge sustained four out of the five petitions and dismissed the other one.

The reports of sexual abuse also intersected with the criminal justice system, often concurrently with their Children's Division and Family Court involvement. Altogether, KCPD received reports on the maltreatment incidents in 17 cases, representing 35 percent of the sampled reports. The timing of the police involvement provides insight into how the cases first became involved in the system. For three cases, (18% of those with KCPD involvement), the report to KCPD came first, before the Children's Division involvement. In five of the cases with KCPD involvement (29%), the police notification came on the same day as the report to the Children's Division. For the other nine of these cases (53%), the Children's Division received the first report of the incident and then notified KCPD about the situation.

In terms of law enforcement involvement, the MSCA results differ markedly. According to the local evaluator's report, the records indicated some law enforcement involvement for 71 of the 76 cases (representing 93% of the MSCA sample). In our sample, the cases classified as "reported to KCPD" included only those where a search of the KCPD database found perpetrator-level records for the 2002 sampled report. The MSCA report does not describe the method used to determine law enforcement involvement for that study. Given the substantial difference, the MSCA may have used different criteria to decide whether to collect perpetrator level information at the police department. Further, the continued extension of the data collection period to achieve the desired sample size and the initial focus on probable cause cases may have resulted in the inclusion of cases more likely to have law enforcement involvement.

Figure 2-1 also shows that not every report to the police department resulted in the arrest of a perpetrator. In nine of the 17 cases found at the KCPD (53%), the police arrested the alleged perpetrator. For the remaining eight cases (47%), the police did not make an arrest because of insufficient evidence or concerns about the victim's competence to testify. In some of these cases, the police did not know the perpetrator's identity or whereabouts. Again, the MSCA results indicate higher levels of police involvement. While the MSCA report does not provide arrest information, the police submitted charges in 93 percent of the cases with law enforcement involvement. This total includes cases in which the police submitted state-level felony charges (72%) and cases where the police submitted city-level misdemeanor charges (21%).

At the time of the arrest, the police determine whether to file state-level or city-level charges. For arrests on state-level charges, the police refer the case to the Jackson County PAO. For arrests on city-level charges, the police refer the case to the Kansas City Municipal Court. Among the nine arrest cases, the police referred seven of them to the Jackson County PAO on state-level charges (78%) and one to the Municipal Court on city-level charges (11%). The police also referred one arrest case involving a juvenile perpetrator to Family Court (11%). In the MSCA, law enforcement cases followed a similar pattern. The police referred most of the cases for state-level prosecution (76%), some for city-level prosecution (7%), and those involving a juvenile perpetrator were sent to Family Court (6%).

The PAO filed charges in five of the sampled reports referred there, representing 10 percent of all cases in the 2002 sample. Among these cases, the criminal court outcome varied from a plea bargain (two cases), to a guilty plea with pre-sentence intervention (one case), and dismissal (one case), with one case still pending at the time of data collection in the spring of

2004. In the two cases where prosecutors chose not to file charges, one involved a situation where the maltreatment had occurred some time ago. The other involved allegations of fondling and kissing the victim by a perpetrator who also lived with other children. Since the PAO did not file charges, we do not know why these cases were dropped. In Kansas City's MSCA, 39 percent of the sampled cases reached the PAO, with charges filed in 30 percent of the sampled cases.

2.4 Children's Division Involvement

The Children's Division records for the 49 sampled reports provided detailed information on the agency's response to the maltreatment allegations. Some of the reports came to the attention of the Children's Division via referrals from hospital staff (24%), the police department (10%), or staff of public or private social services agencies (8%) (Table 2-6). Staff from other agencies also reported suspected maltreatment to the Children's Division. For example, other Children's Division employees, school personnel, and mental health personnel each made 6 percent of the reports. A few of the reports came to the attention of the Children's Division directly from the non-perpetrating parent (6%), a relative (6%), a friend or neighbor (6%), or the victim's sibling (2%). Overall, the referral sources looked similar in the MSCA sample, with hospital staff (22%) and law enforcement (16%) the most common referral sources.

Once the Children's Division decides to accept the report, an intake worker assigns a response priority. The sampled reports were fairly evenly divided between the two response priority levels. Just over half (51%) were classified as non-emergencies and 47 percent as emergencies. For the remaining 2 percent, the files did not contain information about the agency's response priority.

The analyses also examined the timing of the Children's Division response to these reports (Table 2-7). More than one-third of the time (37%), the report came to the attention of the Children's Division on the day of the incident. Other reports came within 1 to 2 days of the actual incident (10%). However, in some situations the report to the Children's Division came well after the incident. In at least six cases (12%), the maltreatment actually occurred more than a year prior to the report. In these cases, the child did not disclose the situation immediately. In almost one-half (41%) of the sampled reports, missing information about either the incident date or report date meant that the time lag between them could not be determined.

Table 2-6. Source of Referral to Children’s Division

Source of referral (n=49)*	Number	Percent
Hospital staff	12	24
Police/sheriff’s office	5	10
Private social services agency staff	4	8
Children’s Division employee	3	6
School personnel	3	6
Mental health personnel	3	6
Non-perpetrating parent	3	6
Other relative	3	6
Friend/neighbor	3	6
Anonymous	3	6
Victim’s sibling	1	2
Other	6	12
No specific information	2	4

* Percentages may exceed 100 because more than one type of referral may have been received for each case.

Once the Children’s Division accepts the report, the agency assigns it to either the investigative or assessment track. As noted earlier, virtually all of the sampled reports were assigned to the investigative track (96%). For the majority of reports (57%), the assignment was made on the same day as the report to the Children’s Division. In another 18 percent the assignment occurred within 2 days of the initial report. In 24 percent of reports, the files did not provide details about either the incident date or assignment date.

After making the assignment, Children’s Division workers usually responded quickly, in many instances making initial contact with the victim or family on that day (55%). For another 10 percent, the initial contact came 1 to 2 days after the assignment to a track. For some reports (35%), the files did not contain enough information about the agency’s initial contact with the victim or family to determine the time lag.

During the investigation and assessment processes, the Children’s Division gathered information about the circumstances alleged in the maltreatment report (Table 2-8). Most of the agency activities consisted of interviews with various individuals involved in the incident. Agency staff interviewed victims in 53 percent of the sampled reports, other children in the family in 39 percent, a non-offending parent or primary caretaker in 47 percent, and alleged perpetrators in 35 percent. The Children’s Division also conducted joint interviews with other agencies. The Children’s Division and law enforcement jointly interviewed the victim in 14

Table 2-7. Timing of Children’s Division Response

Timing of agency responses per case (n=49)	Number	Percent
Time between incident and report		
Same day	18	37
1-2 days	5	10
3 or more days	6	12
Unknown	20	41
Time between report and assignment		
Same day	28	57
1-2 days	9	18
3 or more days	0	---
Unknown	12	24
Time between assignment and initial contact with victim/family		
Same day	27	55
1-2 days	5	10
3 or more days	0	---
Unknown	17	35

percent of reports and the perpetrator in 6 percent. The Children’s Division and someone from the child’s school interviewed the child together in 4 percent of the sampled reports.

The Children’s Division files documented some other activities during the investigation or assessment process (Table 2-8). In 12 percent of sampled reports, the victim received a medical exam, and in 2 percent the victim received a psychological exam or evaluation. For 14 percent of the reports, the victim underwent a specialized exam for victims of sexual abuse. According to the available Children’s Division files, none of the victims had photographs taken of their injuries or were hospitalized as a result of the maltreatment incident.

For the MSCA sample, some of the investigative activities appear similar. While we found evidence of victim interviews for just over one-half of the reports in our sample (53%), nearly all of the cases in the MSCA sample (95%) involved victim interviews. Again, this difference most likely relates to the fact that we had greater difficulty finding hard copy files during our data collection period.¹ In the MSCA sample, the Children’s Division conducted fewer joint interviews with law enforcement (1%) but more joint interviews with school personnel (18%). The MSCA also found more interviews of other children in the family (59%)

¹ Our data collection period lasted only 2 months, while the local evaluator had more than 1 year to locate case files.

Table 2-8. Children’s Division Activities During Investigation/Assessment

Agency activities (n=49)	Number	Percent
Interviewed victim	26	53
Interviewed victim with law enforcement	7	14
Interviewed victim with school personnel	2	4
Interviewed other children in family	19	39
Interviewed non-offending parent or primary caretaker	23	47
Interviewed alleged perpetrator	17	35
Interviewed alleged perpetrator with law enforcement	3	6
Medical exam/evaluation	6	12
Psychological exam or evaluation	1	2
Sexual Assault Forensic Exam (SAFE)	7	14

Note: Percents exceed 100% because more than one activity could be listed for each case.

and non-offending parents or primary caretakers (90%). The two studies had similar findings with respect to perpetrator interviews. In 36 percent of the MSCA cases, the Children’s Division interviewed the alleged perpetrator during the investigation. For another 5 percent of the MSCA cases, the Children’s Division interviewed the perpetrator jointly with law enforcement. The MSCA study also looked at whether medical exams were conducted. Altogether, 27 percent of the sampled reports had documentation of a medical exam at either the Children’s Mercy Hospital Care Clinic or the emergency room.

The agency files also contained information about the perpetrator’s access to the victim during the investigation or assessment. In nearly one-half of the sampled reports (47%), the perpetrators did not have access to the victim during the investigation or assessment. In 14 percent, the perpetrator had unsupervised access to the victim during this time. Based on the circumstances, the Children’s Division recommended supervised visitation in only one case. For the remaining 37 percent, the records did not contain any information about the perpetrator’s access to the victim or the agency’s use of supervised visitation during the investigation or assessment.

In the MSCA sample, the perpetrators in 71 percent of the cases were not allowed access to the victims. Similar to the 2002 review, the perpetrators in the MSCA sample were allowed unsupervised access in 16 percent of cases and supervised access in 3 percent of cases. The files also contained information about family options for visitation. In less than one-half of the MSCA cases, the agency allowed supervised visits with the mother (43%), father (43%), or other relative (30%).

Because the KIDSAFE project worked to increase collaboration among the agencies involved in the child protection system, we examined the Children's Division records to determine whether investigators or assessors made contacts or referrals to other agencies (Table 2-9). The data were somewhat limited given the inability to review the paper files for some of the sampled reports. Nonetheless, the available records show contact between the Children's Division and law enforcement for 51 percent of the sampled reports. Children's Division investigators also made contact with or referrals to treatment providers (22%), schools (20%), the Family Court (8%), and domestic violence programs (8%).

Reflecting the nature of the maltreatment allegations and the risk to the child, just 14 percent of the sampled reports (seven reports) resulted in emergency placement during the investigation or assessment. When emergency placements were made, the Children's Division usually placed the child with relatives (five reports) or in foster care (two reports). In the MSCA sample, 12 percent of the cases involved emergency placements during the investigation. The actual placements were somewhat different with placement in foster care in six cases, in relative care in one case, and in a treatment facility in two cases.

Jackson County's Child Protection Center (CPC) offers a safe, neutral, child-friendly setting to interview child victims of sexual abuse or serious physical abuse. The CPC also enables the involved agencies to coordinate the investigation, treatment, and prosecution of specific child abuse cases. The Children's Division files indicated that 37 percent of the sampled reports went through the CPC. The CPC provided forensic interviews for 56 percent of these cases, medical assessments for 11 percent, and both forensic interviews and medical assessments for 17 percent. In the remaining 17 percent, either the CPC did not conduct the interview or the records did not indicate the nature of the CPC's involvement. The MSCA study also examined CPC involvement, finding that a similar percentage of those cases had been referred to the CPC (43%). Most of the cases (83%) involved forensic interviews, with one case referred for a medical assessment (3%) and one case referred for both a forensic and a medical assessment (3%).

According to Children's Division records, various individuals participated in the CPC interviews. The interviews involved a CPC worker in 45 percent of the sampled reports. A Children's Division investigator participated in 29 percent of the interviews, and a law enforcement detective participated in 26 percent of them.

Table 2-9. Children’s Division Contacts with or Referrals to Other Agencies

Contacts or referrals to other agencies (n=49)	Number	Percent
Law enforcement	25	51
Treatment providers	11	22
Elementary/secondary schools	10	20
Family Court	4	8
Domestic violence programs	4	8
Prevention programs	3	6
Prosecuting Attorney’s Office	2	4
Investigative collaborative	1	2
GAL or CASA	1	2
Other agencies	3	6
No specific information	18	37

Note: Percents exceed 100% because the Children’s Division could make contacts/referrals to multiple agencies.

The timing of the CPC interview varied. While a small portion (17%) of the interviews occurred within 10 days of the initial report to the Children’s Division, more often the interview came 11 to 20 days (28%) or 21 to 30 days (33%) after the report. In three cases (6%), the CPC interview took place more than a month after the initial report of maltreatment to the Children’s Division. In one case, the interview never took place. For two reports the Children’s Division files did not contain enough information to determine the timing of the CPC interview.

The Children’s Division files also provided information about service referrals during or after the investigation or assessment (Table 2-10). Overall, the Children’s Division made service referrals in one-third of the sampled reports. The Children’s Division sometimes made referrals for individual (22%) or family counseling (4%). The Children’s Division also made referrals for psychological evaluation (10%), medical treatment (6%), parenting education (4%), and substance abuse treatment (2%). Most of the referrals involved the victim (24%) or family (6%). The Children’s Division also referred other children in the household (4%), the non-offending parent (4%), or the perpetrator (4%) for services. While the data forms also asked for the status of the service referrals, the data collectors usually could not find this information. In the MSCA sample, the review of case records found similar referral patterns. Most of the referrals were for counseling (18%) or evaluation (7%) and relatively few for treatment (3%) or education (3%) services.

In one-quarter of the sampled reports indicating service referrals, the Children’s Division made the referral within a week of the initial report. For nearly one-fifth of the reports with service referrals (19%), the Children’s Division made the service referral within a month of

Table 2-10. Children’s Division Referrals for Services

Referrals and service (n=49)	Number	Percent
Service referrals		
Individual counseling	11	22
Family counseling	2	4
Psychological evaluation	5	10
Medical treatment	3	6
Parenting/skills education	2	4
Substance abuse treatment	1	2
Other	6	12
Person referred		
Victim	12	24
Non-offending parent	3	6
Family	2	4
Child	2	4
Perpetrator	2	4
Multiple persons	1	2

receiving the report. In another 19 percent, the Children’s Division referral came 1 to 3 months after the initial report. For the remaining 38 percent, the date of the service referral could not be located in the agency records.

As part of the final investigation report, the Children’s Division investigators document the results of a risk assessment conducted during the investigation. While the agency did not classify any of the sampled reports as high risk, 14 percent were classified as intermediate risk and 24 percent as low risk (Table 2-11). For 12 percent of the reports, the risk assessment found no risk to the child. For a substantial minority (44%), however, we could not determine whether a risk assessment had been completed because we did not have the paper files. Risk assessments were not conducted for the two reports that were assigned to receive family assessments. Information about the risk assessment was more readily available for the MSCA sample, likely due to the greater availability of paper files for these cases. In the MSCA sample, the agency classified 11 percent of cases as high risk, 13 percent as intermediate risk, 22 percent as low risk, and 53 percent as no risk.

Table 2-11. Results of Children’s Division Risk Assessment

Risk assessment (n=49)	Number	Percent
High risk	0	---
Intermediate risk	7	14
Low risk	12	24
No risk	6	12
No risk assessment completed	22	44
Not applicable (family assessment)	2	4

At the conclusion of the investigation or assessment, the agency makes a determination about the incident (Table 2-12). The Children’s Division made a determination of probable cause for nearly one-half (47%) of the investigated reports, meaning the investigation found probable cause that the maltreatment had occurred. The findings for the remaining reports included unsubstantiated with preventive services indicated (13%), unsubstantiated (28%), unable to locate (4%), and located out of state (2%). For a few of the reports (6%), the files did not contain information about the outcome of the investigation. For the two family assessments, the Children’s Division found a need for services in one of them. Some differences emerge when comparing this sample to the MSCA sample. For the MSCA cases, the Children’s Division investigation ended with more findings of probable cause—in 58 percent of cases. The remaining reports were unsubstantiated in 40 percent of cases, unsubstantiated with preventive services indicated in just 1 percent, and unknown in 1 percent. The largest differences arise around whether the unsubstantiated cases included a determination of the need for preventive services.

Generally, the Children’s Division completed the investigations and assessments within the 30-day timeframe required by Children’s Division policy. For 6 percent of the sampled reports, the investigation or assessment was completed within 10 days of the report. For another 8 percent, the agency completed the investigation or assessment within 11 to 20 days. The Children’s Division finished the investigation or assessment within 21 to 30 days for more than one-quarter of reports (27%). This process took over 30 days for nearly one-half of the sampled reports (49%).

Following the agency’s finding, relatively few of the reports (12%) resulted in an ongoing placement outside of the home. For five of these six reports (representing 10 percent of the total sample), the Children’s Division placed the victim with relatives. The agency placed one victim (representing 2% of the total) in foster care after the investigation finding. For the

Table 2-12. Children’s Division Finding at Conclusion of Investigation/Assessment

Agency finding/classification	Number	Percent
Investigation track (n=47)		
Probable cause	22	47
Unsubstantiated, preventive services indicated	6	13
Unsubstantiated	13	28
Unable to locate	2	4
Located out of state	1	2
Unknown	3	6
Family assessment track (n=2)		
Services needed	1	50
Services not needed	1	50
Family non-cooperative/child safe	0	---
Services needed, linked initial 30 days	0	---
Services needed, family declined	0	---
Unknown	0	---

remaining 88 percent, the agency made no ongoing placement following the investigation or assessment finding.

Since data collection for these 2002 reports occurred in the spring of 2004, it was possible to gather information about their dispositions (Table 2-13). By this time, the agency had closed most of them, some with referrals to community services (22%) and others without such referrals (53%). One case remained open at the time of data collection because the child remained in out-of-home care. Sixteen percent of them remained open because a court petition required in-home services. For 6 percent, the disposition could not be determined based on the files available to review. Comparisons with the MSCA sample found both similarities and differences. While a similar percentage of cases had closed with no referrals to community services (53% for the current study vs. 63% for the MSCA sample), more of the reports in the current study were closed with referrals to community services (22% for the current study vs. 7% for the MSCA). Similar percentages remained open with referrals to family centered services (16% in the current study vs. 13% in the MSCA). Many more of the reports in the previous study were open with referrals to out-of-home care (2% in the current study vs. 11% in the MSCA).

In most of the closed cases, the victim(s) remained at home (39%) or continued to live with the original perpetrator or parent (18%) when the case closed (Table 2-13). In a few instances, the victim(s) were living with a relative (6%), in Children’s Division custody or foster

Table 2-13. Disposition within Children’s Division

Dispositions (n=49)	Number	Percent
Disposition		
Closed: family referred to community services	11	22
Closed: no referrals to community services	26	53
Opened and referred to alternate care: Child in out-of-home care	1	2
Opened and referred to family-centered services: Voluntary service plan/in-home services	8	16
Not mentioned in record	3	6
Victim situation		
Remains at home	19	39
Living with original perpetrator/parent	9	18
Living with relative	3	6
In Children’s Division custody/foster care	2	4
In emergency foster care placement	1	2
Other status	1	2
Not mentioned in record	14	29

Note: In victim situation, percentages exceed 100 because more than one response was allowed.

care (4%), in an emergency or temporary foster care placement (2%), or had some other living situation at the time the case closed.

Just over one-fifth of the sampled reports (22%) closed less than a month after the referral alleging maltreatment (Table 2-14). Almost one-quarter (24%) closed within 1 to 2 months, and 12 percent closed within 2 to 3 months. Just 16 percent of the reports remained open for more than 3 months. As described above, 18 percent of the sampled reports remained open at the time of data collection, while the timing of case closure could not be determined for 6 percent. In the MSCA, the local evaluator’s report measured the time between the initial referral and the disposition in terms of the mean number of days. For the 19 cases from the KIDSAFE target area in 2000, the mean number of days to disposition was 66.

2.5 Family Court Involvement

The Family Court system in Missouri is unusual in that the court has a “juvenile officer” who is responsible for prosecution of dependency cases, status offenses, and juvenile delinquency. The juvenile officer or the Children’s Division can file termination of parental

rights petitions. In Jackson County, the juvenile officer delegates responsibility to a legal services

Table 2-14. Timing of Case Closure within Children’s Division

Timing of case closure (n=49)	Number	Percent
Less than 1 month	11	22
1-2 months	12	24
2-3 months	6	12
More than 3 months	8	16
Still open	9	18
Unknown	3	6

unit composed of attorneys. In dependency cases, the staff attorneys from this unit review Children’s Division referrals to Family Court to determine whether there is sufficient evidence to file a petition.

Figure 2-1 in Section 2.4 shows the pathway for the seven cases with Family Court involvement, including the six that came to Family Court from the Children’s Division and the one that came to Family Court from the police department because of the perpetrator’s status as a juvenile. Given the small number of cases, this section describes the Family Court involvement in terms of the number of cases (rather than percentages) with different characteristics.

Shortly after receiving a referral, a Family Court judge presides over a protective custody hearing to discuss the victim’s custody situation. The overall timeline in these cases shows that these hearings occurred relatively soon after the report to the Children’s Division. In four of the seven cases, the Family Court hearing occurred within 14 days of the initial report to the Children’s Division. In one case, the Family Court hearing came more than 3 months after the Children’s Division first learned about the incident. For the other 2 cases, the protective custody hearing never took place because the perpetrator no longer posed a threat.

In four of these cases, the victim was already in Children’s Division custody and in a foster care placement at the time of the protective custody hearing. In two cases, the Children’s Division had custody of all involved victims, with some placed in foster care and others remaining with the parent. For the other case, the Family Court files did not contain any information about the victim’s custody status at the time of the protective custody hearing.

In the MSCA sample, all five of the cases with Family Court involvement had been referred by the Children’s Division investigator. At the time of the probable cause hearing, the Children’s Division had custody of the victims in four of the cases. The agency had placed the victims in three of the cases in foster care and in the other case the agency was looking for an

appropriate placement. For the fifth case, the victim's custody status at the time of the probable cause hearing could not be determined based on the available Family Court files.

The Family Court moved quickly after receiving a referral. In three of the cases, the Family Court filed the petition on the same day it received the referral. For three other cases, the petition was filed 6 to 10 days after the referral came into the agency. In one case, the case file did not contain information on the referral date to determine the time difference between receiving the referral and filing the petition.

As shown in Figure 2-1, the Family Court adjudication resulted in the petition being sustained by stipulation of the parties in three of the cases. In one case, the Court sustained the petition after a hearing on the evidence. For these four cases, the allegations sustained included sexual abuse by a parent, sexual abuse by someone else, parent's failure to protect, and physical abuse. In the remaining three cases, the Court dismissed the petition. The dispositions looked similar for the five MSCA cases. In four cases, the Family Court sustained the petitions with one sustained by stipulation of the parties, two sustained after a hearing on the evidence, and one sustained but no method available. The Family Court dismissed the remaining MSCA case. The allegations in these cases involved sexual abuse by a parent, medical neglect, or unsanitary or unhealthy conditions.

We also examined the time elapsed between filing the petition and Family Court adjudication. In three cases, the court adjudicated the case on the same day as filing the petition. The court adjudication occurred within 1 month of filing the petition in one case and within 2 to 3 months in two cases. In one case, the lag between filing the petition and adjudicating the case stretched to just over 3 months.

The review of the Family Court files for these seven cases also revealed varying agency activities and contacts. The agency appointed a guardian ad litem (GAL) in all seven cases and a Court Appointed Special Advocate (CASA) in two of them. The agency files noted contact with or referrals to the Children's Division in six cases, law enforcement in three cases, the GAL or CASA in three cases, treatment providers in two cases, and other agencies in one case.

During each Family Court case, there were various petitions or motions. In four cases, the case files contained information about the petition filed to remove the child from the home. The Family Court also ordered services for victims in four cases and perpetrators in four

cases. In three cases, the Family Court ordered supervised visitation between the victim and parent. The MSCA study also gathered information about court orders and petitions. In terms of visitation with the parents, the court ordered supervised visitation with the mother in two cases and with the father in one case. The court ordered no contact with the mother in one case and no contact with the father in three cases. The Family Court ordered some services for the MSCA sample cases, including counseling for the victim in three cases, family therapy in two cases, and child support in one case. The court also ordered services for the parents such as counseling, psychological evaluations, drug/alcohol treatment, and sexual perpetrator assessments.

The Family Court files also described the court-ordered permanency goal for these cases. In three cases, the court set reunification as the permanency goal. In one case, the court ordered the Children's Division to work toward adoption. For two cases, there was no court-ordered permanency goal since a protective custody hearing never took place. In the remaining case, the case file did not contain any information about the permanency goal. In the MSCA, the data collectors found information about the permanency goal for just two cases. In one of them, the Court ordered reunification as the permanency goal. In the other case, the Court planned to set the permanency goal at a later hearing.

At the time of data collection in the spring of 2004, six of the seven cases with Family Court involvement remained open. In four of these, the victim remained in Children's Division custody in a foster care placement. For the other two open cases, Family Court remained involved while the victims lived at home. In the one closed case, the victim had been returned to parental custody and the case closed within 10 days of the referral to Family Court. Among the MSCA cases, two of them were open with the victim in foster care and two were open with the victims in Children's Division custody after being referred for termination of parental rights.

2.6 Kansas City Police Department Involvement

Figure 2-1 above also showed that the KCPD received reports on 17 of the sampled cases. In nearly one-quarter (24%) of these cases, the police notification occurred on the same day as the maltreatment incident. For 29 percent of the cases, the police received notification of the case within 2 days of the incident. This notification occurred 3 or more days after the incident in 18 percent of the cases. In the remaining 29 percent of cases, the notification date could not be found in the KCPD case records.

The Children's Division referred nearly one-half of these cases (47%) to law enforcement. For 23 percent of the cases, the police department cross-reported the case by telephone to the Children's Division after receiving the initial report. In the remaining 29 percent of cases, we could not determine who notified the police or whether there was any cross-reporting. The MSCA found similar referral patterns with 31 percent referred to law enforcement by the Children's Division, 45 percent cross-reported, and 15 percent lacking information about cross-reporting.

Nine of the 17 cases (53% of the total reported to KCPD), resulted in the perpetrator's arrest. In two cases, the agency arrested the perpetrator the same day it received notification about the case. In two other cases, the arrest occurred within less than a month. The arrest occurred 1 month after police notification in one case, 2 months after in one case, 3 months after in one case, and almost 1 year later in one case. In the remaining case, the arrest warrant was still active at the time of data collection.

The KCPD files also contained information about the eight cases that did not result in the perpetrator's arrest. In three of these, the police decided not to pursue the case because the child was deemed not competent to testify. The victim refused to testify in one other case, so the police dropped it. In three cases, the police lacked sufficient evidence or information to make an arrest or file charges. For the remaining case, we could not determine why the agency did not pursue the case.

In 12 percent of the cases found in the KCPD, the perpetrator was on probation at the time of the offense. In another case, KCPD already had an outstanding arrest warrant for the perpetrator. But in more than one-half of cases (53%), the case files indicated that the perpetrator had no prior involvement with the police department at the time of the offense. For the remaining 29 percent of cases, the files did not provide conclusive information about the perpetrator's status at the time of the offense.

We also sought to identify any contacts or referrals with other agencies during the course of the agency's involvement with the case. Overall, the files contained little of this information. However, 29 percent of the case files noted contact with the Children's Division, and 6 percent mentioned contact with treatment providers. More than one-third of the case files (35%) included information about the CPC's involvement in the case.

In seven of the nine arrests, the KCPD filed state-level charges in Jackson County's Criminal Court, which involved the Jackson County Prosecutor. In one case, the KCPD filed city-level charges in Kansas City's Municipal Court. Across the arrest cases, the charges included sodomy (three cases), child molestation (three cases), maltreatment of a child (one case), and rape (one case). The police referred the only case involving a juvenile perpetrator to Family Court.

When filing charges, the police generally moved quickly. In four cases out of nine, the police filed charges the day of the perpetrator's arrest. In two other cases, the police filed charges within 2 days of the perpetrator's arrest, while in one case the filing took 3 or more days after the perpetrator's arrest. In the remaining two cases, the police files did not contain enough information to determine the time between the perpetrator's arrest and the filing of charges.

Overall, these cases show wide variation in how long it takes for cases to flow through the police department. Across seven of these cases, the time from police notification to filing of charges ranged from 1 day to just under 1 year. At the time of data collection, one case still had an active arrest warrant nearly 18 months after police notification. In the last arrest case, the date of referral was unknown.

2.7 Prosecuting Attorney's Office Involvement

As shown in Figure 2-1, the KCPD filed state-level charges and referred 7 of the original 49 reports of sexual abuse to the Jackson County PAO (representing 14% of the total). The prosecuting attorney actually filed charges for five of these cases (representing 10% of the total cases in our sample). In the MSCA sample, 30 of the original 76 cases were sent to the PAO (representing 39% of the total), with charges filed in 23 of them (representing 30% of the total). In the other seven cases, the prosecuting attorney decided not to file charges because of lack of evidence, the need for further police action, or because the victim decided not to testify.

The charges filed in these five cases ranged from a single count of sodomy of a child (three cases) and child molestation (one case) to multiple charges (one case). The 23 MSCA cases involved similar charges, including forcible rape, statutory rape, sexual assault, forcible sodomy, statutory sodomy, child molestation, and sexual misconduct.

The time it took for the PAO to process these cases varied. In three of them, the PAO filed charges within a month of receiving the referral from law enforcement. In one case it took almost 3 months to file charges, and in the remaining case it took 9 months.

In four of the five cases with charges filed by the PAO, the police took the perpetrator into custody at some point. In the MSCA, the police placed 17 of the perpetrators in custody, with most of them remaining in custody until the disposition of the criminal proceedings.

The presiding judge issued court orders prohibiting the perpetrator from having contact with the victim in two cases and with any minor in two cases. The MSCA cases also involved various court orders. The judge ordered no contact with victims in nine cases and no contact with minors in nine cases. The court also ordered treatment for the perpetrators in six cases. In four of these, the court ordered drug treatment.

An examination of the case files in the PAO revealed some interaction with other agencies. In four of the five cases, the prosecutor had contact with the Children's Division. Not surprisingly, the prosecutor had direct contact with the police in four cases. The PAO is the only agency that mentioned the involvement of the Investigative Collaborative—recorded in two of the case files. The KIDSAFE project helped organize the Investigative Collaborative, a group consisting of representatives from the Children's Division, Family Court, KCPD, and PAO to share information and decide how to proceed with specific cases. The prosecutor's files mentioned contacts with or referrals to specific treatment providers in two cases. The prosecutor also communicated with other agencies such as the Children's Protection Center or the Division of Youth Services in two of these cases.

In two of the PAO cases, the perpetrator negotiated a plea bargain to resolve the case. The plea bargain involved a 14-year prison sentence in one instance and a 7-year prison sentence with 3 years of probation in the other. In one of these cases, the Court based the perpetrator's sentence on combined charges from this and another offense. For the case involving the juvenile perpetrator, the perpetrator pled guilty with a pre-sentence intervention that stipulated that the perpetrator remain in a residential facility while in the care and custody of the Children's Division. One case was dismissed because of insufficient evidence, and another case was still pending at the time of data collection in the spring of 2004.

The dispositions looked nearly identical in the MSCA sample. The PAO accepted plea bargains in 9 of 23 cases. One other case involved a guilty plea with pre-sentence intervention. Six cases involved a jury or court trial. The sentences ranged from 7 to 8 years to more than 25 years. The Court placed some of these perpetrators on probation or ordered them to perform community services. At the time of the MSCA data collection, five of the cases were still pending in the PAO, and two had been dismissed.

In one of the cases heard in criminal court, the PAO filed the charges, and the case reached a final disposition within 5 months. In two other cases, 6 and 9 months elapsed between charges being filed and final disposition. The case still pending in the PAO had been open for almost 2 years at the time of data collection. For one other case, we could not determine how long it took the case to reach a resolution.

Looking at the entire timeline of these cases provides some perspective on how they traverse the system. One case reached a final disposition in the PAO 7 months after the maltreatment incident. It took 1 year to conclude another case and almost 2 years in a third case. Information about the timing for the other two cases with charges filed by the prosecuting attorney was not available from the case files.

2.8 Maltreatment History

At each agency, data collectors searched for information about the victim or perpetrator's maltreatment history and prior involvement with the agency. At the Children's Division, this review found prior allegations of maltreatment concerning the persons involved as victim or perpetrator for more than one-third of the sampled reports (37%). Of these 18 reports, 11 had one prior report, 2 had two prior reports, and 5 had four or more prior reports of maltreatment. In 11 of the 18 reports with prior allegations, the earlier reports involved the same perpetrator as the sampled report. In 11 of the current reports, the same victims had been the subject of one or more prior reports to the Children's Division. Among the 18 with prior reports, two cases went to the Family Court, and the victims were placed in protective custody.

For six of the sampled reports (representing 11% of the total), the Children's Division had an open investigation on the same incident, based on an earlier report or earlier information. For most of these, the more recent report came from a different source or involved new information about the incident.

More of the cases in the MSCA sample had prior involvement with the Children's Division. Half of that sample had been involved with the Children's Division before, and 11 percent had prior out-of-home placements. The same percentage of MSCA cases (11%) had an open case at the time of data collection in the Children's Division.

The review of Family Court files found information about prior or current charges against the defendant for four of the seven cases involved with Family Court. The array of prior charges included failure to protect, parental substance abuse, physical abuse, sexual abuse, lack of supervision, poor hygiene, and unsanitary living conditions. Two of these cases involved the same perpetrator as the sampled cases, two involved the same mother, and the other involved both the same perpetrator and the same mother. We found information about the victim's prior involvement with the Family Court for only one of the seven cases. Among the 5 MSCA cases with Family Court records for the sampled incident, only one had prior involvement with the Family Court.

Of the cases with KCPD involvement, the perpetrator in more than one-half (57%) had previous arrests. The charges varied from traffic violations and drug charges to assault and rape. In seven of these cases, the perpetrator was found guilty of one or more of the charges. For 29 percent of the sampled cases involved with KCPD, the police database contained some information about the perpetrator's history of child abuse.

One of the sampled cases that reached the PAO had prior involvement with the criminal court for rape charges.

2.9 Summary

We designed the case tracking study to look at individual-level outcomes that might have resulted from the system reform efforts associated with SK/SS. Unfortunately, differences in the data collection and handling largely preclude drawing conclusions about changes over time. However, our examination of a sample of 2002 cases provides important information about how reports of sexual abuse entered and flowed through the child protection system in Jackson County, Missouri more recently. In 2002, the Children's Division assigned nearly all of the reports to the investigative track. Overall, 12 percent of the reports were serious enough to require Family Court involvement. On the law enforcement side, more than one-third of the sampled reports involved the KCPD, with nearly one-fifth resulting in the perpetrator's arrest.

The police referred 14 percent of the reports to the PAO. The prosecutor actually filed charges in 10 percent.

Beyond describing the flow of cases through the system, we sought to examine how the child protection system handled reports of sexual abuse, with a particular focus on service outcomes, case outcomes, and child and family outcomes.

2.9.1 Service Outcomes

We looked at three service-related outcomes—interagency contacts, service referrals, and timeliness of services. The Children’s Division had the most contact with other agencies. Their case files showed contact with the police department for a majority of the sampled reports, treatment providers in about one-fifth, and contact with schools in one-fifth. At Family Court, the agency provided a GAL in all of the cases. The agency files also noted contact with the Children’s Division, law enforcement, and treatment providers during the Family Court’s involvement with these few cases. The case records in the PAO mentioned the multidisciplinary Investigative Collaborative in addition to direct contacts with treatment providers and the Child Protection Center.

The KIDSAFE initiative also sought to increase participation in and acceptance of services and to help agencies and providers offer more supportive services. Most of the information about services came from the Children’s Division. Because the paper files were not available for many reports, we do not have complete information about service referrals. Nonetheless, the records indicate that the Children’s Division made service referrals more than one-third of the time, with referrals for victim counseling most common.

The timeliness of services also plays a role in the system’s responsiveness to the individuals involved in these cases. For one-fifth of the reports, the first service referral came within a week of the Children’s Division’s initial involvement. In another one-fifth of these reports, the service referral came within 1 month of the report to the Children’s Division. Thus, a substantial minority of these cases received service referrals even before the 30-day investigation/assessment period ended.

2.9.2 Timing and Outcomes of the Investigative Process

At the case level, we examined outcomes related to the timing and efficiency of the investigation process. We looked at the timing of each agency's involvement to determine how much time elapsed between receiving a report and reaching a disposition. At the Children's Division, the length of the agency's involvement ranged from less than 1 month (22%), to 1 to 3 months (36%), to more than 3 months (16%), with 18 percent of the reports still open in the Children's Division at the time of data collection. Family Court involvement lasted much longer. While the Family Court moved quickly to hold hearings and adjudicate cases, all but one of the cases with Family Court involvement remained open at the time of data collection. The KCPD processed some cases quickly, while others took considerably longer. Police referred the cases to court anywhere from 1 day to 1 year after police notification. In the PAO, the agency filed charges and reached a final disposition for most cases within 9 months of receiving the referral.

We also examined how quickly the child protection system responded to these types of situations.

- In nearly one-half of the sampled reports the Children's Division received a referral within 2 days of the incident, and often on the same day. For the remainder, the agency records did not contain enough information to determine the time lag.
- The CPC was involved in 37 percent of the cases. While a small portion of the CPC interviews (17%) occurred within 10 days of the initial report to the Children's Division, more often the interview came 11 to 20 days (28%) or 21 to 30 days (33%) after the report.
- The Children's Division completed a substantial minority of the investigations and assessments within the 30-day time period specified in agency policy. However, this process took more than a month for nearly one-half of the reports (49%).
- On the law enforcement side, the police made arrests in one-fifth of the cases on the same day as receiving notification about the case. Otherwise, the arrest occurred anywhere from 1 to 3 months after police notification.

As for the dispositions, the Children's Division found probable cause that maltreatment had occurred in nearly one-half of the cases it investigated. Most of the remaining cases were unsubstantiated, some with preventive services indicated but more without the need for services. Close to one-quarter of the reports closed at the Children's Division within a month

of the referral alleging maltreatment and another one-quarter closed 1 to 2 months after the initial referral. While 16 percent of the cases remained open for more than 3 months, another 18 percent remained open at the time of data collection in the spring of 2004.

The Family Court sustained the petitions in half of the cases and dismissed the rest. The KCPD made arrests and referred about half of the cases reported to them to the appropriate court for further action. The PAO then filed charges in four of the seven cases referred to them; three cases resulted in a plea bargain, one was dismissed, and one was still pending at the time of data collection.

Because few of the perpetrator cases reached the courts, it is difficult to assess how well the system held perpetrators accountable. Of the three resulting guilty pleas, one resulted in a 14-year prison sentence and the other in a 7-year prison sentence with 3 years of probation. In the third case, the Family Court stipulated that the juvenile perpetrator remain in a residential facility while in the custody of the Children's Division. These rates are comparable to findings from the earlier MSCA study. However, the small numbers limit broader interpretation.

2.9.3 Child and Family Outcomes

The third outcome area explored through this study looked at different child and family level outcomes, such as how the system worked to reduce trauma to child abuse and neglect victims and their families, keep children safe, and achieve permanency for them. The CPC provides one means of reducing trauma by offering a safe and secure environment for joint Children's Division and police interviews of the victims. As noted above, 37 percent of the reports went through the CPC for forensic interviews or medical assessments.

In terms of child safety, we found that the Children's Division intervened rapidly—assigning the majority of reports to either the investigative or assessment track on the same day as the initial report. After making the assignment, Children's Division workers responded right away, in many instances making initial contact with the victim or family on the assignment day or shortly thereafter. Likewise, Family Court moved quickly after receiving a referral from the Children's Division. In half the cases for which we had data on timing, Family Court filed the petition on the same day as the referral. For the other cases, the petition was filed within 6 to 10 days.

The perpetrator's access to the victim during the investigation or assessment and the agency's use of supervised visitation provides another window on child safety while involved with the child protection system. In nearly one-half of the sampled reports (47%), the perpetrators did not have access to the victim during the investigation or assessment. In just 14 percent, the perpetrator had unsupervised access to the victim during this time. The Children's Division recommended supervised visitation in only one case. For the remainder, the records did not contain any information about the perpetrator's access to the victim or the use of supervised visitation during the investigation or assessment.

The SK/SS initiative also sought to impact one other aspect of child safety—recidivism among the children and families involved with the child protection system. The Children's Division received subsequent referrals involving either the victim or perpetrator for one-fifth of the reports sampled. After investigating these subsequent allegations, the agency found probable cause for maltreatment in nearly one-half of them.

Also in the area of child and family outcomes, the study looked at whether the child protection system expedited case resolution and permanency planning. The Children's Division closed nearly three-quarters of the reports within 2 years. Several other cases remained open because a court petition required in-home services, but the children were safely living with a parent. Only one open case involved a child still in out-of-home care.

3. One by One in Huntsville, Alabama

3.1 Introduction and Background

The grantee for the Huntsville Safe Kids/Safe Streets program (known as One by One) is the National Children’s Advocacy Center (NCAC), a nonprofit agency with pivotal roles in the formal child protection system, including providing direct services. The NCAC was created in the mid-1980s to help restructure Madison County’s child protection system. The core partners of the NCAC included the District Attorney’s (DA) Office, law enforcement, the Department of Human Resources (DHR), and the Health Department. Since then, the NCAC has become nationally known for its pioneering work with the children’s advocacy center approach, which combines multidisciplinary handling of cases of child maltreatment with a child-friendly environment and resource center for victims and families.

One by One received six grants from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to implement a broad-based system reform agenda. As part of this agenda, Huntsville promoted increased community collaboration, policy and procedural changes (such as investigation protocols), and cultural competency in service delivery. A core component of the One by One program from the beginning was further development of its multidisciplinary model for investigating and prosecuting serious child abuse cases, especially sexual abuse. This included co-locating the investigative members of the multidisciplinary team – the investigators from the Department of Human Resources (DHR), police investigators for Huntsville and Madison County, assistant district attorneys responsible for child abuse cases, victim-witness support staff, and investigators for the DA’s Office. As the program developed, the team was enhanced by the addition of investigators for domestic violence and a coordinator from the First Responders program.² Co-locating team members was intended to improve the quality and speed of communication, which in turn was expected to improve the outcomes for children and families. Such outcomes ranged from making offenders more accountable to reducing revictimization of children and non-offending parents and improving response and case processing times.

² The First Responders program, initiated in 1997, has volunteers accompany police officers on domestic violence calls. These volunteers intervene in domestic violence problems early, identifying children at risk and those who witness violence, and providing support and information to the victims while the police deal with the perpetrator and crime investigation.

One by One also worked to improve and increase services. The services introduced during the program were designed to fill gaps in the continuum of services from prevention to treatment and target all family members involved in a case. They included parenting classes for non-offending parents; counseling for victims, non-offending parents, and perpetrators; a forensic therapist with expertise in interviewing young children; supervised visitation; substance abuse treatment (including counseling and case management); therapy for juvenile sex offenders, and other support services. The program hoped to expand services and improve the timeliness of service delivery.

One by One's efforts were facilitated by a receptive community climate, particularly within DHR. DHR was in the middle of responding to the requirements of the RC Consent Decree at the time SK/SS was awarded. The goals for both were parallel. DHR embraced the efforts of One by One to support changes required under that decree. DHR was a critical ally, open and supportive of the collaborative as well as of individual efforts involving co-location, training programs, and revised protocols.

The District Court was also a critical player in the One by One program, taking on a leadership role in building and directing the collaborative. The judges broadened the involvement of community agencies early in the process, bringing in Court-Appointed Juvenile Advocates (CAJAs) and Juvenile Probation, and led the expansion and reorganization of the governing council to more fully reflect the community and encompass an agenda broader than the SK/SS grant. The presiding judge of the District Court chaired the governing council for many years of the project, while another District Court judge served as chair of the council's Steering Committee. The third judge in the District Court set up a Family Drug Court during this time, which became operational in April 2002.

Beginning in 2001, One by One initiated a multi-system case analysis (MSCA), conducted by Dr. Paul Steele, the local evaluator. His analysis expanded on the approach developed by the Child Welfare League of America (CWLA) by including data from the DA's Office, DHR, Circuit Court, District Court, and the CAJAs. Dr. Steele conducted a baseline MSCA of all cases referred to the multidisciplinary team (MDT) in 1997, the year the SK/SS program was initiated. The study examined case characteristics, processing, and outcomes. It also employed case flow analysis "for generating a systemic understanding of organizational

decision making and case outcomes.”³ Data collection and analysis for the study were conducted from 2001 to 2003.

Dr. Steele was successful in gaining the cooperation of DHR, the DA’s Office, the MDT, the District Court, and the Circuit Court. From MDT minutes and agendas, the study identified 212 cases that were presented to the MDT in 1997; 61 cases were removed from the analysis because of limited MDT involvement and because no records were found beyond the MDT minutes. An additional 16 cases were removed because no case file or notes could be located. Thus, the final data set for the baseline study consisted of 135 cases.

3.2 Methods

Westat approached the followup case tracking study by requesting participation from most of the same players contacted by Dr. Steele – the MDT, law enforcement, DHR, the DA’s Office, and District Court. Unfortunately, because of other commitments and studies in the community, the MDT, law enforcement, and the DA’s Office chose not to participate in our study. Without the participation of the MDT, our ability to draw a comparable sample was severely impaired. After receiving permission from DHR and the District Court to proceed, we discussed the problem of finding a comparable sample with staff from DHR. We attempted to approximate the earlier MDT sample by selecting cases opened for service in 2002 for abuse and neglect. DHR staff believed that cases opened for service were among the more serious cases involved with the Department and, consequently, the most likely to be referred to the MDT.⁴ The sample and the data collection are discussed below.

3.2.1 Drawing the Sample

DHR identified 113 cases that were opened for services in 2002. This list was compiled using both electronic reports of opened cases and hard copy records that recorded the date of assignment and the caseworker assigned. We deleted 22 of these cases from the analysis file because:

³ Steele, P. (2004). *Child Sexual Abuse Case Characteristics, Decisions, and Outcomes: An Analysis of Case Flow in Madison County, Alabama*. Albuquerque, NM: Institute for Social Research, University of New Mexico, p. 4.

⁴ At the time the decision was made to go forward, we had hoped to be able to identify any cases in the sample that were referred to the MDT. Unfortunately, that information was unavailable.

- The abuse report was not received in 2002;
- There was no abuse (the case was opened for other reasons, e.g., DHR had earlier placed a child and the placement had to be changed – caregiver died, circumstances changed, etc.); or
- Services were needed to support the family (as a preventive measure).

The resulting analysis file was composed of 91 cases, representing 145 victims and 117 perpetrators. This compares to 135 cases that were included in the 1997 analysis, representing 137 victims and 139 offenders. One striking difference was the number of cases involving sexual abuse. In the earlier study, over two-thirds of the cases (71%) referred to the MDT involved sexual abuse of some type, compared with only 13 percent of the cases (representing 10% of the victims) in the 2002 study. In part this may be explained by the fact that the 1997 cases came from the MDT, which takes referrals from both law enforcement and DHR and focuses on very serious cases, especially child sexual abuse.⁵ Other key differences in the two studies include:

- More cases were indicated (i.e., substantiated) in the new sample (58% vs. 50% in 1997),⁶
- There were more parent-perpetrators (76% vs. 23% in 1997),
- There were more cases where perpetrators were serving as caretakers (90% vs. 63% in 1997), and
- There were more cases where perpetrators resided in the household (88% vs. 54% in 1997).

Another difference between samples was the time elapsed between the target year and the point of data collection from DHR and District Court. Data collection for the baseline study of 1997 cases ended in 2003, allowing approximately 6 years for researchers to track subsequent victimization and case closures, compared to about 2 years for the 2002 study.

⁵ It is also probable that a 2002 sample of MDT cases would have shown a reduced proportion of sexual abuse cases because of a change in referral practices. According to staff in DHR, beginning in 2000, there was an increased emphasis on submitting physical abuse cases to the MDT.

⁶ "Indicated" is the term used by DHR to mean that the abuse allegations were substantiated following an investigation. Not all indicated cases result in DHR custody, which is invoked when issues of ongoing safety remain following the abuse. "Not indicated" is DHR terminology for not substantiated.

These differences in the sample are significant and emphasize the different missions of the MDT, the DA's Office, and DHR as well as changes that may have occurred between the two points in time. Consequently, there are limits to what analyses can be conducted and how they may be interpreted. Throughout the report, however, we will compare the distributions of the two samples on key measures. The two samples offer some interesting comparisons, and provide DHR, the District Court, and other interested parties information about the performance of the system prior to the implementation of SK/SS and after 5 years of program operation.

3.2.2 Designing the Data Forms

Westat's data collection was patterned after the MSCA analysis. There were some variations to reflect the specific outcomes sought as a result of the SK/SS initiative as well as adjustments based on concerns identified from the earlier study. Five forms were used to capture the data (see Appendix B for copies of these forms):

- The **Person Roster** summarized information on the individuals involved in the case (victims, caretakers, and perpetrators) and their relationships to one another.
- The **Person Data Form** contained personally identifiable information on every person involved in the case.
- The **Maltreatment Form** captured a complete description of the child abuse and neglect incident. The form incorporated information from all sources concerning maltreatment events, their nature, consequences, background, and circumstances.
- The **DHR Abstract** and **District Court Abstract** extracted information geared to each agency's knowledge of and involvement with the sampled case.

3.2.3 Collecting the Data

Westat data collection was conducted from June through September 2004. Independent data collectors were hired to collect the data from DHR and the District Court. Westat conducted a 2-day training for the four staff, which included on-site data collection following the training. Staff at DHR were supportive in responding to questions and resolving problems that the data collectors encountered.

Staff began with data collection in DHR. Data were collected from a range of hard copy documents including the Intake Assessment, Checklist for Setting Priorities, Report of Suspected Case of Child Abuse and Neglect, Investigation Interview Record, Medical Interview, Basic Social Service Plan, Family Contact Log, Safety Plan, Safe Case Closure, and Judicial Review. These were used to complete the Person Data Form, the Person Roster, the Maltreatment Form, and the DHR Abstract. Once all data were collected, the local data collectors moved to the District Court. Both electronic and hard copy files were searched for data on involvement by the District Court.

3.3 The Sample

As mentioned above, the sample drawn for the 2002 study involved 91 cases. Table 3-1 shows the number of persons involved in these cases. The majority of the cases involved a single victim (65%) and/or a single perpetrator (73%). In this section of the chapter, we review the demographic characteristics of the victims and perpetrators, the financial and other problems of the victims, families, and perpetrators, and other case characteristics (type of maltreatment, harm, relationship between perpetrators and victims, living arrangements, and prior history with DHR and District Court).

Table 3-1. Persons Involved in the Case

	Number	Percent
Number of victims (n=145)		
1	59	65
2-3	28	31
4 or more	4	4
Number of perpetrators (n=117)		
1	66	73
2-3	25	28

3.3.1 Demographic Characteristics of the Victims and Families

Table 3-2 shows the demographic characteristics of the 145 victims. More victims were male in this study (52%) than in the baseline study, where 79 percent were female. On average, the recent victims were younger, with the median age being 6 years old (versus 9 in

Table 3-2. Victim Demographics

Demographics (n=145)	Number	Percent
Gender		
Male	76	52
Female	69	48
Age		
0-1	18	12
2-4	17	12
5-6	17	12
7-9	14	10
10-13	18	12
14-17	13	9
Unknown	48	33
Average age (n=97)	6.9	
Race/ethnicity		
White	66	46
Black	65	45
Hispanic	5	4
Native American	4	3
Unknown	5	4

1997). The race/ethnicity of the victims in 2002 also was slightly different. In 2002, white and black victims were almost equally distributed (46% and 45%, respectively). In the 1997 study African-American victims represented 64 percent of all victims.

DHR caseworkers indicated a number of financial problems in the homes of the victims of child abuse and neglect. The vast majority of families (87%) were receiving some type of financial assistance (Table 3-3). In nearly two-thirds (64%) of the cases, the family was eligible for Medicaid. Over one-third received Food Stamps (36%), and over half (55%) received some other kind of support (e.g., SSI, emergency funds, disability insurance, family support). The 1997 study found only 27 percent of the families with evidence of economic difficulties. There was no information available about the employment status of the non-offending parent in most cases (87%).

The files also indicated that over half of the victims (53%) had one or more problems, some of which might have been associated with the abuse (Table 3-4). The most common problems were behavior problems and school discipline/truancy. Over 10 percent of the victims had some indication of mental illness or developmental delay, were enrolled in special

Table 3-3. Financial Assistance or Circumstances of Victim’s Family

Financial assistance or circumstances (n=91)	Number	Percent
Receive state income maintenance	11	12
Receive federal TANF support	6	7
Receive WIC	6	7
Receive food stamps	33	36
Receive housing assistance	8	9
Medicaid eligible	58	64
Child support	13	14
Homeless	3	3
Receives other support	50	55
No financial problems identified	12	13

Note: Percentage may exceed 100% because records could include multiple types of assistance.

education, or had some “other” problem, such as depression, suicidal tendencies, and anxiety. Twenty-nine percent of the victims showed evidence of two or more problems in the caseworker files. Victims identified in the baseline survey had a similar distribution of problems, with behavior problems and school discipline also being the most prevalent. However, 1997 victims had more problems on average (2.9 vs. 1.1 in 2002), and sexually acting out and delinquency were reported more often (for 10% of victims vs. 5% and 2% respectively in 2002).

3.3.2 Demographic Characteristics of the Perpetrators

There were 117 perpetrators identified in the 91 cases of child abuse and neglect in 2002. Two-thirds of the alleged perpetrators were female (Table 3-5). In the 1997 study, the perpetrators were overwhelmingly male (91%). The median ages were comparable in the two studies (33 years old in 1997 vs. 32 years old in 2002). Only two perpetrators in 2002 were below the age of majority. The distribution of perpetrators in terms of race/ethnicity differs somewhat from the victims, with white perpetrators in the majority (54%). White perpetrators were also the majority in 1997 (61%).

DHR and court records indicated a number of problems for perpetrators identified in these cases. Substance abuse was the most commonly cited problem, affecting nearly half of the perpetrators (47%). It was also cited for 16 percent of the perpetrators in the 1997 study. In the current study, the next most commonly identified problems were financial (38%), unemployment (32%), and marital or family problems (32%). Approximately one-fifth of the perpetrators (21%)

Table 3-4. Victim Problems

Problems (n=145)	Number	Percent
Substance abuse	10	7
Mental illness/developmental delay	18	12
Special education	18	12
Runaway	12	8
Behavior problems	45	31
Sexual acting out	7	5
School discipline/truancy	31	21
Delinquent	3	2
Other	16	11
No information provided	68	47
Total number of problems listed		
None	68	47
1	35	24
2 to 3	32	22
4 or more	10	7
Average	1.1	

Note: Percentages may exceed 100% because victims may exhibit more than one problem.

Table 3-5. Perpetrator Demographics

Demographics (n=117)	Number	Percent
Gender		
Male	38	33
Female	79	67
Age		
Less than 18	2	2
18 -26	18	15
27-31	21	18
32-40	17	15
Greater than 40	20	17
Unknown	39	33
Average age (n=79)	32.3	
Race/ethnicity		
White	63	54
Black	42	36
Hispanic	3	3
Native American	1	1
Unknown	8	7

had criminal activity identified. This compares to 17 percent of the perpetrators from the earlier study with prior or current records of incarceration. On average, data collectors identified 2.1 problems in the records for perpetrators, with nearly one-fourth (23%) having four or more problems. Less than one-quarter of the perpetrators had no problems identified.

Table 3-6. Perpetrator Problems

Problems (n=117)	Number	Percent
Substance abuse	55	47
Financial problems	44	38
Unemployed	37	32
Marital/family problems	37	32
Domestic violence	25	21
Criminal activity	25	21
Mental illness	17	15
Serious physical disability	5	4
Other	15	13
No information provided	22	19
Total number of problems listed		
None	26	22
1	25	21
2 to 3	39	33
4 or more	27	23

Note: Percentages may exceed 100% because perpetrators may exhibit more than one problem.

3.3.3 Case Characteristics

The cases or episodes of abuse for which DHR services were opened in 2002 include a range of abuse types. Table 3-7 provides information on the type of cases and the harm associated with the abuse. As noted above, sexual abuse cases were fewer than in 1997, accounting for just 10 percent of the 2002 sample. Neglect was the most common type of maltreatment identified (64%). Physical abuse was the next most common type of abuse, reported for slightly over one-third of the cases. This distribution is consistent with the overall reporting patterns for DHR. In 2002, DHR received abuse reports that involved 1,877 children:

Table 3-7. Maltreatment Type and Amount and Documented Harm

Maltreatment type (n=145)*	Number	Percent
Neglect (physical, emotional, environmental, medical)	93	64
Physical abuse	50	35
Sexual abuse	15	10
Emotional abuse	11	8
Abandonment	10	7
Risk of physical abuse	25	17
Other maltreatment or endangerment	25	17
Amount of abuse (n=145)		
1 type of abuse	76	52
2 types of abuse	55	38
3 types of abuse	13	9
4 types of abuse	1	1
Average number of types of abuse	1.6	
Harm or injury (n=145)*		
No harm observed/not indicated in record	86	59
Severe bruises/fracture	8	6
Serious/long-term emotional harm	9	6
Failure to thrive	4	3
Malnutrition	11	8
Minor bruises or scalds/minor cuts or abrasions	11	8
Other physical injury or harm	13	9
Other emotional harm	21	15

*Note: Percentages may exceed 100% because more than one type of abuse and harm could be reported.

- 53 percent involved neglect,
- 37 percent involved physical abuse,
- 8 percent involved sexual abuse, and
- 2 percent involved emotional abuse.⁷

It is also interesting to note that the number of sexual abuse reports was down considerably in 2002 from earlier years (from 242 in 1999, 252 in 2000, and 207 in 2001, to 156 in 2002).⁸

In the majority of cases (52%) only one type of abuse was identified; in 10 cases three or more types of abuse were documented. For most of the cases (59%), no physical or

⁷ Department of Human Resources, Madison County. *Summary data for NCANDS*. Faxed June 11, 2003.

⁸ Op. cit., *Safe Kids/Safe Streets Final Report*, Volume II, p. 143.

emotional harm was documented in the file. There were no fatalities. In fact, throughout the life of the SK/SS project, there was no fatality associated with child abuse and neglect within Madison County. Serious harm (severe bruises, burns, fractures or serious/long-term emotional harm) was identified in 17 percent of victims (12 cases overall); other harm (failure to thrive, malnutrition, minor bruises and burns, and other physical or emotional harm) was documented for 47 victims.

In most cases (81%), the perpetrator was the natural parent of the child (Table 3-8). This is a much higher percentage than for the sexual abuse cases of the 1997 study where just 23 percent of the perpetrators were parents of the victims. In the 2002 sample, step-parents were the next most common perpetrators (5%). Siblings, other relatives, and the parent’s boyfriend or girlfriend each accounted for another 3 percent of perpetrators. In the 1997 study, step-parents accounted for 12 percent of the perpetrators, while other relatives and friends accounted for 22 percent and 14 percent of the perpetrators, respectively. As mentioned earlier, the two studies also differed in the proportion of perpetrators living with the victim (88% of the 2002 cases vs. 54% of the 1997 cases) and whether the perpetrator was acting as a caretaker at the time of the incident (90% of the 2002 cases vs. 63% of the 1997 cases).

Table 3-8. Victim’s Relationship to Perpetrator and Living Arrangements

Relationship of perpetrator to victim (n=117)	Number	Percent
Natural parent	95	81
Step-parent	6	5
Sibling	3	3
Other relative	4	3
Parent’s boyfriend/girlfriend	3	3
Adoptive parents	2	2
Not related caretaker	1	1
Unknown	3	3
At least one perpetrator living with victim(s) (n=91)	80	88
At least one perpetrator serving as caretaker (n=91)	82	90

Another important element of a child abuse case is whether there was any prior involvement on the part of DHR with the family, the child, or the perpetrator. In 39 cases (43%), there was prior involvement with DHR. In over half of these, there were two or more reports. In one case, there had been at least six prior reports. Only seven of the prior reports were not indicated (not substantiated). Five of the families in these cases had been referred to District Court.

Table 3-9. Prior DHR/District Court Involvement

Case characteristics (n=91)	Number	Percent
Prior DHR involvement	39	43
Number of prior reports		
1 prior report	18	20
2-3 prior reports	10	11
4-6 prior reports	11	12
Number of prior reports indicated		
None	7	8
1 prior report	14	15
2-3 prior reports	7	8
4-6 prior reports	4	4
Number of cases with prior District Court involvement	5	6

We documented two other case characteristics that may influence how a case is handled and by whom. One is whether the family is currently engaged in a child custody dispute. In 10 percent of the 2002 cases, the family was engaged in such a dispute. The other is whether drugs and alcohol were mentioned in relation to the current incident. In 54 percent of the cases, alcohol and drug abuse were involved in the current incident.

3.4 Involvement by Other Agencies

In the earlier study, Dr. Steele provided a case flow analysis of how cases moved from one agency to another and the attrition of cases across agencies. Because we only looked at cases in two agencies, we cannot replicate that analysis. However, we do have some evidence of the involvement of other agencies from the DHR records. We believe that such evidence represents a lower bound of involvement by other agencies. For example, referral to the MDT was not detected in any of the DHR records; however, we expect that in fact many of the cases were referred to the MDT, particularly the sexual abuse cases. Table 3-10 shows the other agencies mentioned in the DHR files.

Involvement by law enforcement (other than as a reporter) was the most common, occurring for 46 percent of the cases. Nearly one-third (32%) of the cases were referred to District Court—about the same as in the 1997 study, where 28 of the 90 cases in which DHR

Table 3-10. DHR Contacts with or Referrals to Other Agencies

Contacts or referrals to other agencies	Number	Percent
Law enforcement	42	46
District Court	29	32
GAL or CAJA	26	29
District Attorney's Office	21	23
Treatment providers	39	43
Elementary/secondary schools	37	41
Prevention programs	18	20
Day care centers	12	13
Other agencies	9	10
No specific information	15	17

*Note: Percentages may exceed 100% because more than one type of contact could be reported.

supervision was involved (31%) were filed in District Court. That earlier study also found that 42 percent of the cases submitted to the MDT were referred for prosecution. Our study found reference to the DA's Office in 23 percent of the cases.

Using bivariate analysis, we examined a number of variables—demographics (age, sex, race/ethnicity of both victim and perpetrator), type of abuse, serious harm mentioned in the report, number of victims, number of perpetrators, prior criminal background of perpetrator, prior reports of abuse, alcohol or drugs involved in the current case, relationship between perpetrator and victim, and whether the perpetrator was living in the home of the victim—for their predictive value in determining whether cases would be involved with law enforcement, the DA's Office, and the District Court. Only one of these variables—perpetrator's prior criminal background—proved to be statistically associated with involvement by these three agencies.

In 21 percent of the cases, criminal behavior, such as arrests or incarceration, was identified for one or more of the perpetrators. Two-thirds of the cases where the perpetrators had criminal backgrounds were referred to law enforcement ($\chi^2 = 4.6, p \leq .05$). There was no statistically significant relationship between this variable and referral to District Court or the DA's Office, however. Note that the majority of cases involving serious harm (55%), physical abuse (52%), and sexual abuse (58%) included some mention of police involvement. Also, if the record indicated that drug abuse was involved in the case, the police were more likely to be mentioned (47%) than the DA (20%) or District Court (33%).

In the following sections, we outline what actions were taken in DHR and District Court on these cases and their outcomes.

3.5 Involvement by Department of Human Resources

Given that our sample consisted of cases opened for DHR services, we anticipated a number of actions associated with them. DHR's responsibility in cases of child abuse and neglect can be extensive. DHR begins by taking reports on possible child abuse. Following the report, DHR caseworkers interview victims, non-offending parents, and often perpetrators. Next they determine the facts of the child abuse (including whether it occurred at all), assess the safety of the children, identify the needs of the family, locate resources to meet those needs, and review the family's progress.

Reports of abuse are received from a range of sources. Reporters for the 2002 cases are shown in Table 3-11. These reporters run the gamut of community professionals involved with children and also include parents, other relatives, friends/neighbors, and victims. As in the earlier study, hospital or other medical professionals were the most common source of reports (19% in 2002). Relatives (17%), school personnel (12%), and non-offending parents (9%) were the source of many other reports. Nine percent of reports originated from law enforcement; DHR cross-reported 46 percent of the cases to law enforcement (data not shown).

The timing of DHR involvement varied. Many of the reports (44%) were received on the same day as the reported abuse. For an additional 13 percent of the cases the report was received 1 to 2 days following the maltreatment episode. In one-third of the cases, the timing of the report in relation to the event was unknown, usually because the reporter was unable to provide a date for the abuse. For almost two-thirds of the cases (64%), contact was made with the family on the same day as the report.

The vast majority of these cases (98%) were investigated. The investigation process can involve interviews by DHR caseworkers, forensic therapists, law enforcement officers, assistant DA's, and medical personnel. In most instances, the record only noted interviews by DHR staff (74%). However, there was evidence of joint interviews (usually with law enforcement, but sometimes the DA's Office) for 17 percent of the victims. We actually expected to find higher percentages of joint interviews, as interviews we conducted during the process evaluation of SK/SS suggested that joint interviews were more routine. This finding may simply be a function of record keeping rather than a true reflection of how often joint interviews were conducted. These numbers also may not reflect cases where DHR interviewed the victim

while other agencies observed. (The NCAC facilities allow observation via 1-way mirrors and video cameras.)

Table 3-11. Source of Referral to DHR

Source of referral	Number	Percent*
Hospital staff	17	19
Police/sheriff's office	8	9
DHR employee	2	2
School personnel	11	12
Mental health personnel	5	6
Non-offending parent	8	9
Other relative	15	17
Friend/neighbor	4	4
Child/victim (self-referral)	3	3
Anonymous	3	3
Other	10	11
No specific information	5	6

Note: *Percentages may exceed 100% because reports may be received by more than one source.

Table 3-12. Timing of DHR Response

Timing of agency responses (n=91)	Number	Percent
Days between incident and report		
Same day	40	44
1-2 days	12	13
3 or more days	9	10
Unknown	30	33
Days between report and first contact		
Same day	58	64
1-2 days	12	13
3 or more days	13	14
Unknown	8	9

The DHR findings in these cases as of the end of data collection were as follows:

- 58 percent were indicated (versus 50% in the 1997 study),
- 23 percent were not indicated (versus 21% in the 1997 study),
- 2 percent were classified as “reason to suspect” (versus 28% in the 1997 study),
- 4 percent were “other” (which includes pending cases), and
- 12 percent were classified as “unable to determine or complete investigation” (versus 1 percent in the 1997 study).

DHR develops a series of plans to support the child and family while DHR is involved. Initially, a safety plan is developed, which determines whether the child needs to be removed and what factors influence his or her return to the family. During the investigation, 83 victims (57%) were removed from the home; 61 of these victims were then returned home either following the investigation or at some later point.

Permanency plans are developed to set goals for the family and determine the goals once DHR relinquishes custody. For children who were removed, in most cases the plan was to return the child to the home (32%) or place the children in the care of a relative (23%). In other cases, the goal was to support the family so that the child or children could remain home (15%). Other goals included independent living (2%), adoption (1%), or some other goal (1%). In 18 percent of cases there was no mention of the permanency plan, but these were all cases that were not indicated and may not have needed DHR support.

DHR identified a range of services to support the families. Given the type of sample (cases opened for services), it is not surprising that services were provided in a high percentage of these cases, both indicated and not indicated. In fact, multiple services were provided to these families. Table 3-13 shows the different types of services provided to victims, non-offending parents, other children in the home, and perpetrators. DHR made the referral in most instances. Other referral sources included the District Court, social services agencies, and the NCAC. Services were generally provided. In some instances, SK/SS efforts to improve service delivery may have been a factor, since SK/SS had increased the number of counselors available at the NCAC facility, supported a substance abuse program, and supported two separate supervised visitation programs. When services were not provided, the reasons given included family/client refusal of the service, provider refusal, and client ineligibility/insufficient funds. In the latter situation, DHR has only limited funds for cases that are not indicated. If the family is not

Medicaid eligible (which was true for about one-third of the families, see Table 3-3.), then service availability is limited.

Though not all of these cases were indicated, all but six cases received some sort of service, with 25 percent receiving one or two services, 35 percent receiving three or four services, and 33 percent receiving five to seven services. On average, individuals involved in these cases received 3.6 services (3.8 services for indicated cases and 3.4 services for not indicated cases).

Table 3-13. Types of Services Referred, DHR Referrals, and Services Provided

Service types (n=91)	Referrals		Referrals by DHR		Service provided	
	Number	Percent	Number	Percent	Number	Percent
Counseling	70	77	64	70	60	66
Medical evaluation	26	29	24	26	26	29
Medical treatment	22	24	15	17	20	22
Forensic evaluation	11	12	11	12	10	11
Psychological evaluation	54	59	48	53	48	53
Substance abuse treatment	40	44	34	37	33	36
Parenting classes	28	31	28	31	22	24
Supervised visitation	32	35	31	34	29	32
Transportation	12	13	11	12	10	11
Vocational rehabilitation	4	4	2	2	3	3
Day care	4	4	4	4	4	4
Other	24	26	18	20	20	22

To compare services with the earlier study, we looked at six types of service referrals for victims, non-offending parents, and perpetrators (see Table 3-14). Counseling was the most common type of service referral in both time periods. Psychological evaluation was the next most common for non-offending parents and perpetrators across both studies. The second most common for victims was medical treatment in 2002 and medical evaluation in 1997. One of the most striking difference across time periods was in the proportion of perpetrators referred for substance abuse treatment or other services—34 percent in 2002 versus 3 percent in 1997. (In the 1997 study, substance abuse treatment was not distinguished from “Other” services.) Over 80 percent of those referred accepted treatment. Referrals to counseling were also noticeably higher for all categories in 2002, but especially for perpetrators (54% vs. 10% in 1997).

We also examined when the first referrals for services were made. There was much variation in the timing of these services. Table 3-15 presents a subsample of the services and shows the median number of days between the opening of the case and the first referral for the service, as well as the percentage of referrals made within the first week. As shown in this table, referrals for substance abuse treatment were made the most quickly; the median number of days to referral was 21.5 days. Twenty-nine percent of referrals were made the first week the case was opened.

Table 3-14. Persons Referred for Services

Service types	2002 Referrals		1997 Referrals (n=114)*	
	Number	Percent	Number	Percent
Victims (n=145)				
Counseling	53	37	30	26
Medical evaluation	24	17	10	9
Medical treatment	28	20	6	5
Forensic evaluation	3	2	5	4
Psychological evaluation	14	10	9	8
Substance abuse treatment/other	6	4	9	8
Non-offending parents (n=35)				
Counseling	11	31	17	15
Medical evaluation	0	0	0	0
Medical treatment	0	0	0	0
Forensic evaluation	0	0	0	0
Psychological evaluation	4	11	0	0
Substance abuse treatment/other	1	3	7	6
Perpetrators (n=117)				
Counseling	63	54	11	10
Medical evaluation	4	3	0	0
Medical treatment	2	2	0	0
Forensic evaluation	10	9	0	0
Psychological evaluation	12	10	3	3
Substance abuse treatment/other	40	34	3	3

* Steele, P. (2004). *Child Sexual Abuse Case Characteristics, Decisions, and Outcomes: An Analysis of Case Flow in Madison County, Alabama*. Albuquerque, NM: Institute for Social Research, University of New Mexico, p. 49. Note that substance abuse treatment was not identified separately in that report; its classification is other.

Table 3-15. Median Days Between Case Opening and Service Referral and Referrals Made in First Week

Services	Median no. of days	Referrals in the first week	
		Number	Percent
Counseling (n=58)	39.5	16	28
Medical evaluation (n=22)	39.0	6	27
Medical treatment (n=18)	45.5	3	17
Psychological evaluation (n=49)	60.0	9	18
Substance abuse treatment (n=34)	21.5	10	29

At the time Westat completed data collection (approximately 20 months after the close of 2002), slightly over half of the cases (52%) were closed (Table 3-16). Of these cases,

- 9 percent were closed within 6 months or less,
- 14 percent closed between 7 and 12 months after report,
- 12 percent closed between 13 and 18 months,
- 10 percent closed in over 19 months, and
- 7 percent of the cases had unknown closure dates.

The remaining cases were still open (except for one case with an unknown status).

In the closed cases, 45 percent of the victims were at home—having either returned there (32%) or remained there during DHR involvement (13%). Another 15 percent had been placed in an unrelated home. Approximately 10 percent of the cases had been transferred to an agency outside of DHR’s jurisdiction, and 19 percent had some other status. In 12 percent of the cases, data collectors were unable to determine the child’s living arrangement at the time the case was closed.

Table 3-16. Disposition within DHR and Victim Living Situation

Disposition (n=91 cases)	Number	Percent
Closed	47	52
Open	43	47
Unable to determine	1	1
Victim situation for closed cases (n=69 victims)		
Returned to parent/relative	22	32
Remained in home	9	13
Placed in unrelated home	10	15
Transferred to another agency	7	10
Other status	13	19
Not mentioned in record	8	12
Victim situation for open cases (n=75 victims)		
Remained in home	20	27
Placed with relative	22	30
Placed in DHR custody/foster care	17	23
Returned to parents	6	8
Other	10	13

For children in cases still open at the time data collection ended:

- 27 percent remained in the home,
- Another 8 percent had been returned to the home,
- 29 percent were living with a relative,
- 23 were in foster care, and
- 8 percent had some other living arrangement, such as independent living.

It is difficult to compare these data with those from the 1997 study because of the difference in the timing of data collection. For the earlier study, data were collected between 2000 and 2003—more than 5 years after the target year. Not surprisingly, by that time the vast majority of cases (93%) were closed. At that time, 13 percent of the victims in closed cases had been reunified with parents, while 52 percent remained in their home throughout.

In the 2002 study, we asked data collectors to review the files to see if there were subsequent indications of abuse involving the same family. In 15 cases (17%), a report of abuse was filed after the case we studied. In four of those, the abuse was indicated following an investigation. In the earlier study (again with a longer data collection period), 27 percent of the cases had subsequent reports of abuse.

3.6 Involvement by District Court

The District Court in Madison County hears cases involving the custody, placement, and safety of abused and neglected children. The court can also order services for parties to the case, review treatment plans, terminate parental rights, and determine whether victims remain in DHR custody.⁹ Three judges, elected for 6-year terms, sit in the District Court, supported by one referee. As noted in Section 3.4, the percentage of sample cases proceeding to the District Court was similar for the two study periods.

For the 2002 study, the 29 DHR cases involving the District Court included 53 victims and 39 perpetrators. Their demographic characteristics are shown in Table 3-17. These victims and perpetrators are not significantly different demographically from those in the rest of the sample. As reported in Section 3.4, we examined the relationship of District Court contact to several other variables—number of perpetrators, number of victims, types, and amounts of abuse. None of the factors was associated with court involvement, suggesting the reasons for court involvement are too complex to be captured by these variables.

It was interesting to examine the maltreatment types charged in the District Court in the two studies. While the types of abuse reported varied considerably across the overall samples, the charges submitted to District court were more similar (see Table 3-18). In both, neglect was the most common charge and emotional abuse the least common charge. However, about twice as many cases in the 1997 sample involved sexual abuse charges as in the 2002 sample.

In 2002, with a couple of exceptions, cases came to the attention of the District Court through DHR (n=26, 90%). In one instance the father petitioned the court. In another, the CPS agency from another county petitioned the court.

In the cases petitioned in District Court, the average number of hearings was 3.9, and the maximum number was 9. Note that the earlier study found an average of 7 hearings, with a maximum of 13; however, the data collection window for that study extended over 5 years. The

⁹The District Court began handling all custody hearings that did not arise from divorce actions, as well as juvenile delinquency cases, waivers of consent, commitment of minors, and child support cases in 1995. Prior to that time, all custody cases were handled by the Circuit Court.

average time between the first and last hearing was 359 days in the current study versus 548 in the 1997 study. Nearly one-third of the 2002 cases (31%) had their first hearing less than 30 days after the initial report. An additional 24 percent of the cases had the first hearing up to 6 months after the report. Note that DHR may not seek court involvement at the initiation of the case. Subsequent issues, such as noncompliance or a need to change custody arrangements, may prompt DHR to seek later District Court involvement.

Table 3-19 provides a picture of the attendance at the hearings in both studies, based on District Court records. Overall attendance rates are fairly similar for most parties, typically not varying by more than 10 percentage points across the two studies. The exceptions involve fathers and other family members, who were more likely to be present in the 2002 sample. Among the attorneys and other officials, DHR attorneys and caseworkers were the most consistent attendees, followed by Guardians ad litem, the offender's attorneys, and the attorney for the non-offending parent. The rank orders for attendance are the same in both studies. Attendance by mothers at the hearings was almost identical, varying less than 1 percent across years.

Table 3-17. Demographics for Victims and Perpetrators in Cases Referred to District Court

Victim demographics (n=53)	Number	Percent
Gender		
Male	29	55
Female	24	45
Age		
0-1	6	11
2-4	8	15
5-6	10	19
7-9	4	8
10-13	7	13
14-17	4	8
Unknown	14	26
Average age	6.5	
Race/ethnicity		
White	21	40
Black	29	55
Hispanic	2	4
Unknown	1	2
Perpetrator Demographics (n=39)		
Gender		
Male	14	36
Female	25	64
Age		
Less than 20	0	0
20 -26	6	15
27-31	4	10
32-40	8	21
Greater than 40	10	26
Unknown	11	28
Average age	35.3	
Race/ethnicity		
White	16	41
Black	18	47
Hispanic	2	5
Unknown	3	8

Table 3-18. Maltreatment Type Charged in District Court for 2002 and 1997 Samples

Maltreatment type	2002 (n=29)		1997 (n=30)	
	Number	Percent	Number	Percent
Neglect (physical, emotional, environmental, medical)	15	52	20	67
Physical abuse	14	48	11	37
Sexual abuse	5	17	11	37
Emotional abuse	4	14	5	17

Table 3-19. Individuals Attending District Court Hearings

Attendees at hearings	Attendance rate 2002 (No. of hearings=109)		Attendance rate 1997* (No. of hearings=176)
	Number	Percent	Percent
Attorneys and other officials			
DHR attorney	91	84	91
DHR caseworker	92	84	89
GAL or child's attorney	84	77	87
Offender's attorney	59	54	45
Non-offending parent's attorney	42	39	29
Family members			
Mother	49	45	44
Father	37	34	6
Other family member/caregiver	23	21	5

* Steele, P. (2004). *Child Sexual Abuse Case Characteristics, Decisions, and Outcomes: An Analysis of Case Flow in Madison County, Alabama*. Albuquerque, NM: Institute for Social Research, University of New Mexico, p. 68.

In 2002, the majority of cases were heard by a single judge (n=17, 59%). In an additional 30 percent of the cases, the cases were heard by a single judge, with the referee sitting in on one hearing. In most cases (90%) a GAL or CAJA was identified in the record, although we cannot determine their precise level of participation in the hearings.

When data collection ended, 15 cases (52%) had closed in District Court. The number of days between the case filing in District Court and case closure is shown in Table 3-20. Over half these cases (53%) were closed within 6 months. The average time to closure was 236 days. In the 1997 study, 23 cases (77%) had closed at the time the findings were published.

Table 3-20. Number of Days Between District Court Filing and Closure

Number of days to closure (n=15 cases closed)	Number	Percent
Less than 90	3	20
91 to 180	5	33
181 to 365	2	13
More than 365	4	27
Unknown	1	7

Outcomes for the closed cases were:

- Custody was awarded to the mother (n=4),
- Custody was awarded to the father (n=1),
- Custody was awarded to a relative (grandmother, father, or aunt) (n=6), and
- There was some other reason for closure, such as withdrawal of the petition by DHR, the child ran away, or jurisdiction was transferred to another county) (n=3).

In one case, the reason for closure could not be determined

For the cases remaining open in the District Court, the victims were in various placements. They were under protective supervision in the home in four cases, in foster care in seven cases, in treatment centers in two cases, and in one case, the two victims received different placements, one in foster care and one with a relative.

3.7 Permanency

Finally, we compared the placement of victims with the permanency goals established for them by DHR. First, we examined the case disposition for 54 of the victims whose cases were closed (Table 3-21). (In 15 other cases, all unsubstantiated, no plan was located.) In one case, the case status was unclear and is excluded from the analysis. In 59 percent of these cases, the child's permanency goal was reached (40% were returned home or stayed with the parent during DHR custody, 15% were placed with relatives, and 4% had some other placement, such as long-term foster care, independent living, and treatment centers). For

those cases shown as unknown for final disposition, the cases were transferred to another jurisdiction so that the placement of the child was unknown for DHR.

Table 3-21. Permanency Goals by Disposition for Closed and Open Cases

Permanency goals	Return/Remain in home		Relative placement		Other		Unknown	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Closed cases (n=54)								
Return/remain in home	22	40	2	4	13	24	2	4
Relative placement	1	2	8	15	2	4	1	2
Other	0	0	0	0	2	4	1	2
Open cases (n=75)								
Return/remain in home	21	28	4	5	9	12	0	0
Relative placement	0	0	14	19	1	1	0	0
Other	0	0	0	0	15	20	0	0
Unknown	5	7	4	5	2	3	0	0

3.8 Summary and Conclusions

The case tracking study in Huntsville examined case processing and outcomes for children and families in two time periods. The baseline study was conducted by Huntsville’s local evaluator, Dr. Paul Steele. In that study he used as his sample cases referred to the MDT during 1997 and investigated by law enforcement, DHR, or both. The vast majority of those cases (71%) involved sexual abuse. The sample for the followup study was drawn slightly differently, pulling cases opened for services by DHR in 2002. Given the variation in the sample, comparisons between the two studies are of limited utility for assessing the results of the SK/SS initiative. Below we discuss briefly implications from this research.

3.8.1 Service Outcomes

SK/SS was first and foremost a system reform initiative. Huntsville, like other SK/SS sites, initially addressed the service demands of the community. At the time of initial interviews in 1997, members of the collaborative expressed concern with the lack of services, pointing to waiting lists for services for both victims and non-offending parents. Service

providers also commented that services for perpetrators were simply not available given the limited funding available and the need to address the problems of victims. A wide range of services were instituted or enhanced through SK/SS efforts—some with program dollars, others through other funds.

The number and types of services provided in the 2002 cases suggest that the program may have helped fill some service gaps. The high rate of referrals of perpetrators to substance abuse services compared to 1997 is particularly noteworthy. One of the programs that started as a result of training paid through SK/SS was the implementation of a Family Drug Court as of April 2002.

While we do not know whether SK/SS played a role, it is also noteworthy that the child protection system served many families, regardless of whether their case was indicated or not. In fact, services were provided in 34 of 38 cases classified as indicated or not indicated; eight of these families received as many as six to seven services. Such information underscores DHR's role in prevention as well as treatment.

Referrals were made relatively quickly. In the case of counseling, medical evaluation, and substance abuse treatment, over a quarter of all referrals were made in the first week after the case was opened.

3.8.2 Case Processing Outcomes

DHR became involved in the majority of cases (53%) within 2 days of the incident. For a third of the cases we did not know how quickly the response was made relative to the incident because the date of the incident was unknown. In most cases (64%), DHR conducted the first interview the day of the report. During the investigation 57 percent of the victims were removed from the home. Sixty-one of the 83 victims removed (73%) were subsequently returned. Over half (52%) of the cases had closed in DHR at the time data collection ended (approximately 20 months after December 31, 2002); 23 percent of the cases closed within one year.

In the 29 cases referred to the District Court, nearly one-third had first hearings less than 30 days after the initial report. The majority of cases (59%) were heard by a single judge, with an additional 30 percent heard by one judge and the referee. Ninety percent of the case

records indicated that a GAL or CAJA was involved in the case. Fifteen cases were closed when data collection ended; 10 cases closed within 1 year. In 11 cases, custody was awarded either to a parent or relative.

3.8.3 Child and Family Outcomes

At the time data collection ended, DHR had closed cases for 69 victims. In 45 percent of those cases, families had either been reunited or the child/children had remained home throughout. For the open cases, 35 percent of the victims remained in the home or had been returned to parents. Furthermore, by the close of data collection, 64 percent of all victims in our study were known to be either permanently placed or already in the setting called for by their permanency plan.

It is too early to determine if the cycle of abuse has diminished as a result of SK/SS or the interventions documented by this study. The 1997 baseline study found that for 29 percent of the cases which resulted in DHR supervision, subsequent abuse occurred. In the 2002 study, we identified 16 percent of the cases with subsequent abuse. However the shorter window of observation for the 2002 study limits the comparability of evidence on subsequent abuse. Such information would be best provided through ongoing (or flow samples) that track the number of cases received each year for DHR supervision and the proportion with prior reports of abuse.

4. Vermont Case Tracking Study

4.1 Introduction and Background

KidSafe, the Safe Kids/Safe Streets program in Vermont, began in 1997. The grantee for the program was the Community Network for Children, Youth and Families, a not-for-profit organization whose mission is to reduce child maltreatment and promote child and family well-being. The Network is now known as the KidSafe Collaborative and involves a broad cross-section of public agencies, private service providers, and community organizations, as well as some individual consumers of services.

As the recipient of six Federal awards over 8 years, KidSafe has pursued a comprehensive and multifaceted agenda encompassing system reform, service improvements, public education, and data collection. Since 1998, KidSafe has been working closely with the Family Court Pilot Project, which seeks to achieve safety and permanency for dependent children more rapidly, through improved scheduling, consistent and prompt legal representation of adults and children, and engaging families with services early in the court process. One initial spin-off of the KidSafe/Family Court collaboration was the establishment of substance abuse and mental health assessment services at the Court. With input from a multidisciplinary advisory group (including KidSafe), the Family Court has instituted many procedural changes over the years and continues to look for ways to improve its performance.

In 2002, KidSafe and the Family Court undertook a multi-system case analysis (MSCA) to assess how the initiation of the Family Pilot Court had changed the experiences of children and families with child abuse and neglect petitions in court. Family Court cases were randomly selected for study from two time periods—1998 (before the Family Pilot Court began) and 2000 (the implementation period).

The MSCA study adapted its procedures and data collection forms from models developed by the Child Welfare League of America. The study was designed in part to capture information on procedural changes—such as timeliness of service delivery, timing and consistency of legal representation, and involvement by Guardians ad litem (GALs). It also would collect data pertinent to outcomes for children and families, including safety, out-of-home placements, and permanency. Data on the sample cases were collected from July through December 2002 by personnel of the Family Court, the Department of Social and Rehabilitation

Services (SRS, Vermont’s child protective services agency),¹⁰ the State’s Attorney’s Office (SAO), and two law enforcement agencies.

The final sample consisted of 112 cases, 67 from 1998 and 45 from 2000. Only a few of the sample cases could be located in SAO and law enforcement records, so MSCA analyses were based on Court and SRS data. For 91 of the cases, data were available from both Court and SRS files. For the other 21 cases—all from 1998, only Court data are available because funds for data collection ran out before all the SRS files had been reviewed.

A report on the MSCA findings was completed in September 2003.¹¹ The data had a number of limitations that complicated their interpretation. However, it appeared that children in 2000 were less likely to have a GAL present at their first hearing than children in 1998. Also, there was no indication that child safety (measured by subsequent reports to SRS within 6 months) had improved over time. On the positive side, the evidence suggested that adults were engaging with services sooner and getting more timely representation by counsel. Children’s placement experiences seemed to have improved also—for example, children were moved less often and were more often placed with relatives. Most important, children were achieving permanency about twice as fast in 2000 as in 1998.

4.2 Methods

Westat’s case tracking study was designed to build on Vermont’s MSCA work, by adding a third time period for comparison—July 2002 through June 2003. By this time, Family Court had established a “Family Treatment Court” for cases involving substance-addicted parents of young children and had begun implementing a new statewide protocol for children ages 0 to 6.¹²

¹⁰ The Department of Social and Rehabilitation Services has since been part of a state reorganization that resulted in a name change. SRS is now the Family Services Division of the Vermont Department for Children and Families.

¹¹ Livingston, J. (2003). *KidSafe Collaborative and Family Pilot Court Multi-System Case Analysis: Draft Summary Report, September 10, 2003*. Hinesburg, VT: Flint Springs Associates. See this report for a more detailed discussion of the data collection procedures and problems.

¹² Because these improvements were relatively new, Family Court would have preferred that Westat draw its sample from calendar year 2003. The choice of July 2002-June 2003 was a compromise, dictated by our concern that cases from the latter half of 2003 would not have sufficient “history “ at the time of data collection.

The procedures for Westat's study matched those of the MSCA as closely as possible. We drew a random sample of 50 child abuse and neglect petitions from the 287 petitions filed in Family Court during the target time period. (We could not identify petitions alleging unmanageability from the petition roster, so we actually sampled 57 cases or 20 percent of the roster, later discarding 7 cases that did not involve child abuse and neglect.) Each case represents a single child, as it is Vermont's practice to issue a separate petition for each child in the family when a child abuse and neglect case is brought to court.¹³

For the 50 sampled cases, we hired personnel from SRS and Family Court to collect data from their respective agencies. Westat provided on-site training for the data collectors, with input from Joy Livingston, the local evaluation consultant who oversaw the previous data collection and did the analysis. Dr. Livingston also attended the training for the court data collectors, one of whom also had collected data for the MSCA.

Westat's data collection forms were patterned after those from the MSCA, in order to maximize comparability across time periods. However, we dropped or changed some items based on input from the local evaluation consultant, SRS personnel, and the KidSafe project director to make data collection faster, increase accuracy, and reduce the amount of missing data. We also added a few new items that were of particular interest to Westat or local participants. Data collectors at SRS completed two forms, the **Maltreatment Abstract** and the **SRS Abstract**. Completion of the SRS Abstract was a two-step process, beginning with abstraction of information available from computerized files at the agency. This work was all completed by a single data collector. The second step, completed by other data collectors, involved data abstraction from the paper file, which had more detail on the nature of the allegations and previous maltreatment history.¹⁴ The paper files also were the primary source of information on the family's service needs, the services received, and the information needed for the Maltreatment Abstract, consisting of a brief narrative of the incident and the child's injuries. In four cases out of 50, paper files were not available for review in the District Office, so the SRS data came exclusively from computer files. In Family Court, data collectors completed a single form, the **Family Court Abstract**, from the paper file on each petition.

¹³ By chance, all the petitions we sampled involved different families. However, to match the MSCA procedures, we would have dropped additional cases from the same family if they had occurred.

¹⁴ The data collector was instructed to overrule information that appeared to be incorrect on the computer. Inspection of the forms (erasures, etc.) indicate that this happened rarely.

Data collection began in late April 2004, following training, and was completed in mid-October. As forms were received at Westat, they were reviewed for inconsistencies, and staff followed up with data collectors if necessary. In-house staff also completed two additional forms. The **Family Court History Form** summarized the sometimes lengthy hearing history included on the Family Court Abstract. The **Placements Form** was coded from the detailed chronology of child placements recorded on the SRS Abstract. See Appendix C for copies of all data collection forms.

All forms and procedures for the study were reviewed and approved by Westat's Institutional Review Board (IRB), the IRB of Vermont's Agency for Human Services, the head of the District Office of SRS where data collection took place, and the presiding judge of Family Court. Westat used strict confidentiality procedures at all steps of the study and emphasized these in the data collection training.

For 1998 and 2000, KidSafe's local evaluation consultant provided Westat with a data file containing case information for comparison. No personal identifiers were included. This file was checked and edited so that its format would conform to that of the 2002-2003 data. For cases from all three time periods, we also created some new variables that tapped both the Court and SRS sources. This was done primarily when data were missing from one source but not from the other. This was possible because SRS and court data forms had been designed with some redundancies (i.e., in 2002-2003, both forms collected child demographics, allegations, etc.), which helped us make sure that SRS and court cases really "matched."

4.2.1 Comparisons Over Time

In the presentation that follows, we routinely present data from all three time periods if the same or similar data were collected across years. Several cautions apply when comparing data across time. The first involves differences in the sources of data and the amount of missing information. As Table 4-1 shows, the maximum number of cases available for comparison is 67 in 1998, 45 in 2000, and 50 in 2002-2003. However, only the 2002-2003 data collectors used both computerized information and paper files from SRS. Not only did this speed up the process, but it provided more opportunity to cross-check sources and probably resulted in more complete information overall. There are few missing data in 2002-2003 except for the four cases where SRS paper files were not accessible. For certain items, therefore, the analyses are based on 46

Table 4-1. Number of Cases and Data Sources: All Samples

Data source	1998	2000	2002-2003
SRS paper files	46	45	46
SRS computer files	0	0	50
Court files	67	45	50
Maximum cases	67	45	50

rather than 50 cases. In contrast, the 1998 sample suffers the most from missing data, because SRS data collection was stopped at 46 cases. This means that data on many items for 1998 are limited to 46 cases as well. All tables below indicate the number of cases on which comparisons are based.

Comparisons over time are also affected by another factor—the fact that much less time had elapsed between petition date and data collection for the 2002-2003 sample than for the earlier samples. Since data were collected for the 1998 and 2000 samples from July through December 2002, the observation period for the earliest petitions could be up to 5 years for the 1998 sample and almost 3 years for the 2000 sample. For the July 2002-June 2003 sample, the maximum observation period for the earliest petitions was a little over 2 years. While this does not affect all comparisons, it does affect those where time is a factor. (For instance, if we compare time to permanency for cases that have reached permanency, cases in the new sample will likely have shorter times because the window of observation is narrower.)

Another factor affecting comparisons is the rewording of some items in 2002-2003 to clarify their intent or simply make them easier to collect. Also, we spent extra time training the data collectors on how to complete items that had proven problematic for the MSCA. Where there are particular issues of wording or training that strongly affect comparisons across years, we mention them in the text or the table footnotes.

Finally, the number of cases sampled for each year is small, and many differences observed could have occurred by chance. The tables indicate when the differences across years are statistically significant at the .05 level or smaller. Such a difference could be expected to occur by chance just 5 percent of the time if there is in fact no difference across time periods on the characteristic measured. Where we believe that data are not comparable across years due to significant changes in wording of questions, timing, or other issues, we do not report tests of statistical significance.

4.3 The Sample

In this section, we look at the characteristics of the sample members, including their demographics, the types of maltreatment alleged, and the kinds of problems documented in the SRS files, including their previous history with SRS.

4.3.1 Demographic Characteristics

Table 4-2 describes the demographic characteristics of Westat's 2002-2003 sample and the earlier MSCA samples. In the Westat sample, just over half of the children, 52 percent, were 5 years of age or under. Eighteen percent were a year old or less, including two who were not yet born when the petition involving them was filed. Only two children (4%) were age 14 or older. Forty-eight percent were male and 94 percent were identified as white or Caucasian.

With a couple of exceptions, the primary caretaker named in the court petition was a natural parent. The most common configurations were mother only (58%), mother and father together (26%), and mother with stepfather (4%) or boyfriend (6%). The caretakers in the remaining cases were a father, a stepfather, and a grandparent.

In 43 percent of the cases, there were no other minors living in the household of the child involved in the case, and 17 percent of the households had just one other child. The largest household had six other children.

Compared to the earlier samples, the most noticeable difference is that our sample includes fewer youth ages 14 to 17—just 4 percent vs. 16 percent in 1998 and 2000. Our sample also contains a slightly higher proportion of females and more children ages 2 to 5. None of these differences is large enough to be statistically significant. Note that race/ethnicity cannot be compared because it was not known for most cases in the earlier samples. Information on the number of other minor children living in the household was not collected in 1998 and 2000.

Table 4-2. Demographic Characteristics of Children and Families in Sampled Cases

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Child's age						
0-1 years	10	16	8	18	9	18
2-5 years	13	21	10	23	17	34
6-9 years	15	24	11	25	8	16
10-13 years	15	24	8	18	14	28
14-17 years	10	16	7	16	2	4
Total	63	100	44	100	50	100
Gender of child						
Male	32	52	25	57	24	48
Female	30	48	19	43	26	52
Total	62	100	44	100	50	100
Race/ethnicity of child¹						
White/Caucasian	16	76	9	90	47	94
Black or African American	2	10	0	0	1	2
Asian	2	10	0	0	1	2
Other ²	1	5	1	10	1	2
Total	21	100	10	100	50	100
Caretakers named in petition						
Mother	29	51	21	53	29	58
Father	3	5	2	5	1	2
Mother and father ³	18	32	12	30	13	26
Mother and stepfather	4	7	0	0	2	4
Mother and boyfriend ⁴	2	4	1	3	3	6
Stepmother and father	1	2	0	0	0	0
Stepfather only	0	0	0	0	1	2
Other relative	0	0	0	0	1	2
Foster parent(s)	0	0	1	3	0	0
Other	0	0	3	8	0	0
Total	57	100	40	100	50	100
Number of other minor children living with caretakers						
None	—	—	—	—	20	43
1	—	—	—	—	8	17
2	—	—	—	—	12	26
3 or more	—	—	—	—	6	13
Total					46	100

¹Data on ethnicity were missing for a large proportion of the 1998 and 2000 cases.

²Includes children reported to be of mixed ethnicity.

³Includes 3 cases in 1998 where an additional caretaker was also named in the petition.

⁴Includes one case in 1998 where an additional caretaker was also named in the petition.

4.3.2 Maltreatment

As shown in Table 4-3, three types of maltreatment allegations predominated in the Westat sample—risk of harm/physical (64%), physical abuse (24%), and risk of harm/sexual (14%). Neglect was alleged much less often than previously, as was actual sexual abuse. In contrast, risk of physical harm was alleged more often in both 2000 and 2002-2003 than in 1998. All these differences were statistically significant, although the decline in the sexual abuse category is partly offset by slightly higher reports of risk of harm from sexual abuse. In the vast majority of recent cases, children did not suffer serious physical injuries. Twelve percent had bruises or marks, while one child was hospitalized for ingesting a drug; information on injury was not known in several of the recent cases and was not collected for the earlier samples.

In cases involving physical or sexual abuse (or the risk of it), we collected information on the alleged perpetrator. In 2002-2003, the mother was a perpetrator in nearly half those cases (48%). The mother's boyfriend (19%), a sibling (19%), or the child's father (14%) were the only other perpetrators appearing more than once in the Westat sample. The types of perpetrators are fairly consistent across all samples, except that fathers appear less frequently in the recent sample. In all years, all of the parent and foster parent perpetrators were also caretakers of the child. Stepfather and boyfriend perpetrators were caretakers in about half the cases.

With one exception, the cases with sibling-perpetrators involved sexual abuse or risk of harm from sexual abuse. Similarly, in the two cases where the child who was the subject of the petition was a perpetrator, both alleged risk of harm from sexual abuse. In 2002-2003, we also asked whether any of the perpetrators were minors; two of the mothers and three of the four sibling perpetrators were identified as minors (data not shown).

In 2002-2003, the reports that precipitated filing the petition came from a wide variety of sources. The most frequent sources were social services personnel, including therapists or counselors (23%), justice system personnel (17%), and educational personnel (15%). Reports from a relative and anonymous reports each accounted for another 11 percent of cases. Sources of reports from prior years are not directly comparable, because previous data collectors often indicated multiple sources.¹⁵

¹⁵ The question on the form was identical across years and asked for just one source. However, we emphasized the "one source" by adding an instruction to code the report closest in time to the petition if there were multiple reports.

Table 4-3. Characteristics of Maltreatment

	1998		2000		2003	
	Number	Percent	Number	Percent	Number	Percent
Type of maltreatment alleged						
Physical abuse	19	29	17	38	12	24
Risk of harm-physical	27	41	30	67	32	64 ^b
Risk of harm-sexual abuse	5	8	1	2	7	14
Sexual abuse	11	17	9	20	1	2 ^a
Emotional abuse	3	5	2	4	2	4
Neglect	29	44	9	20	3	6 ^d
Abandonment	1	2	0	0	2	4
Total	66	*	45	*	50	*
Degree of injury						
None	—	—	—	—	36	72
Bruises/marks	—	—	—	—	6	12
Hospitalized	—	—	—	—	1	2
No information	—	—	—	—	7	14
Total					50	100
Perpetrator(s)						
Mother	18	49	12	44	10	48
Father	9	24	12	44	3	14
Stepmother	1	3	0	0	1	5
Stepfather	5	14	1	4	1	5
Mother's boyfriend	6	16	1	4	4	19
Sibling	3	8	2	7	4	19
Other relative	3	8	4	15	0	0
Foster parent(s)	0	0	1	4	0	0
Friend or acquaintance	1	3	2	7	1	5
The child	1	3	0	0	1	5
Total cases ¹	37	100	27	100	21	100
Who made the report?²						
Multiple reporters ³	18	41	23	51	— ²	— ²
Social services personnel, therapists, etc.	0	0	2	4	11	23
Police or other justice personnel	11	25	6	13	8	17
Educational personnel	5	11	2	4	7	15
Child care providers	0	0	0	0	3	6
Public health or other visiting nurse	1	2	0	0	1	2
Other medical personnel	2	5	4	9	1	2

Table 4-3. Characteristics of Maltreatment (continued)

	1998		2000		2003	
	Number	Percent	Number	Percent	Number	Percent
Who made the report?² (cont'd)						
Parent	1	2	1	2	1	2
Other relative	0	0	1	2	5	11
Neighbor/friend	4	9	3	7	2	4
Anonymous	2	5	2	4	5	11
Self (victim)	0	0	1	2	0	0
Other	0	0	0	0	3	6
Total	44	100	45	100	47	100
Significance levels of χ^2 :						
a = $p \leq .05$		c = $p \leq .001$				
b = $p \leq .01$		d = $p \leq .0001$				
*Percentages do not add to 100 because more than one response could be chosen. The total number shown is the number of cases for which information was available.						
¹ Only includes cases where physical or sexual abuse or the risk of such abuse was involved.						
² Data collectors in 1998 and 2000 often gave multiple responses, while data collectors for July 2002-June 2003 did not. This prevents direct comparisons across time periods.						
³ The most common combinations involved law enforcement/justice personnel or education personnel along with other reporters.						

4.3.3 Child Welfare History

At the time of the referral to SRS, families in 18 percent of these cases were active with SRS (see Table 4-4). Five families (10%) had an open investigation at the time, three (6%) had an open family case, and one (2%) was a case transferred from another SRS District, involving a child already in SRS custody. Although most families were not active with SRS, the vast majority had some prior history with the agency. All but two families (96%) had at least one prior referral on file, 84 percent had at least one prior investigation, and 48 percent had at least one substantiated report.¹⁶ Some families had many prior contacts—there were 49 percent with five or more referrals, 20 percent with five or more investigations, and 6 percent with five or more substantiations.

¹⁶ In Vermont's usage, reports that are not accepted for investigation are actually considered "referrals." Once a referral is accepted, it becomes a "report." Depending on the item, our forms asked about "reports" or "referrals/contacts." These distinctions were covered in training data collectors.

Table 4-4. Child Welfare History with SRS¹

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
SRS status at time of referral						
None noted	—	—	—	—	41	82
Open investigation	—	—	—	—	5	10
Open family case	—	—	—	—	3	6
Open custody case	—	—	—	—	1	2
Total					50	100
Number of prior SRS referrals/contacts²						
None	15	36	13	38	2	4
1	6	14	8	24	8	16
2	6	14	6	18	5	10
3-4	4	10	2	6	10	20
5 or more	11	26	5	15	24	49
Total	42	100	34	100	49	100
Range ³	0-13+		0-13+		0-69	
Number of prior investigations						
None	9	24	12	36	8	16
1	13	34	8	24	15	30
2	6	16	5	15	5	10
3-4	5	13	4	12	12	24
5 or more	5	13	4	12	10	20
Total	38	100	33	100	50	100
Range ³	0-13+		0-13+		0-28	
Number of prior substantiations						
None	11	30	13	37	26	52
1	13	35	10	29	10	20
2	5	14	7	20	7	14
3-4	4	11	3	9	4	8
5 or more	4	11	2	6	3	6
Total	37	100	35	100	50	100
Range ³	0-13+		0-13+		0-13	
Child has prior:⁴						
Substantiation	—	—	—	—	13	26
Out-of-home placement ⁵	7	15	10	22	3	6 ^d
Total	46	*	45	*	50	*

Table 4-4. Child Welfare History with SRS (continued)

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Sibling has prior:⁴						
Substantiation	—	—	—	—	19	38
Out-of-home placement ⁵	11	24	10	22	14	28 ^a
Death from abuse ⁵	0	0	1	2	0	0
Total	46	*	45	*	50	*

Significance levels of χ^2 :

a = $p \leq .05$

c = $p \leq .001$

b = $p \leq .01$

d = $p \leq .0001$

*Percentages do not add to 100 because more than one category could apply, or no category could apply. The total number shown is the number of cases for which information was available.

¹Note that comparisons of information on SRS history across samples are subject to many cautions related to differences in amount of missing information, source of data, and wording of questions. See other footnotes for details.

²Data are not strictly comparable across years because only the data collectors for 2002-2003 had access to computerized information on referrals that were not accepted for investigation. This computer system was implemented in 2000.

³In 1998 and 2000, the maximum reportable value on the data collection forms was “more than 12.”

⁴Questions about previous history were worded differently in 1998 and 2000. The forms did not ask about “substantiations,” only “severe child abuse and neglect” and “prior petitions.” Also, in 2002-2003, the forms asked about siblings “in the same household.” The earlier forms asked about any of the child’s siblings.

⁵Note that information was missing for most of the 1998 and 2002 cases. Data collectors found information on the child’s prior out-of-home placement in just 14 of the 1998 cases and 22 of the 2000 cases. Data were available on prior maltreatment of siblings in just 17 and 18 cases respectively. We based the percentages in the table on all cases that were reviewed at SRS.

Fewer families in the 1998 and 2000 samples had prior investigations, but more had at least one substantiation. The differences in the overall distributions of prior investigations and prior substantiations are not statistically significant, however. In contrast, there are striking differences in the number of prior referrals, but the comparison is tainted because information for 2002-2003 was based on computer sources not available to earlier data collectors.¹⁷

For 2002-2003, we also collected some information on the maltreatment history of the child involved in the case and on siblings in the same household. Maltreatment had been previously substantiated for 26 percent of the children named in the petition, and 6 percent had been placed out of home at least once. There had been a prior substantiation for a sibling in 38 percent of the cases, and a sibling had been placed out-of-home in 28 percent. Comparisons with prior years are difficult to interpret because of differences in question wording and high levels of

¹⁷ SRS instituted computer tracking of referrals that are not accepted for investigation in 2000.

missing data in the earlier cases. However, more of the children named in the petition had out-of-home placements in the earlier samples, and there had been one sibling fatality.

4.3.4 Other Child and Family Problems

Data collectors extracted information from SRS files about a number of child and family problems. Table 4-5 displays information on problems that were alleged/suspected or confirmed, according to case files.

In 2002-2003, the most commonly identified child problems were developmental delay, attention deficit disorder (ADD), or attention deficit hyperactivity disorder (ADHD) (in 13% of cases), prenatal or infant drug exposure (11%), and mental illness (9%). In the majority of cases (63%), there were no child problems recorded, and no child had more than two problems. The children in the 1998 and 2000 samples had more problems, averaging 1.3 and .8 problems per case respectively, compared to .4 in 2002-2003 ($F=5.21, p<.01$). Their problem profiles also were different. Youth in the earlier samples had a noticeably higher incidence of runaway, truancy, sexual acting out, substance abuse, and delinquency, although only the differences in truancy and sexual acting out are statistically significant. The differences can be explained in part by the fact that earlier samples included more older children.

The most commonly identified parent or caretaker problems in the 2002-2003 sample were substance abuse by the mother (49% of cases) or the father/male caretaker (31%). Mental illness and domestic violence were each reported in 18 percent of all cases. The types of problems appear similar to earlier samples with two exceptions. The earlier samples had a much higher proportion of cases where domestic violence was a problem (61% in 1998 and 2000 vs. 18% in the new sample) or a parent/caretaker was incarcerated (20% in 1998 and 32% in 2000, vs. 9%). These differences help account for the fact that parents/caretakers in the earlier samples had more recorded problems overall—averaging 2.0 problems in 1998 and 2.2 in 2000, versus 1.4 in 2002-2003 ($F=3.80, p<.05$).

As in previous years, we collected information on whether substance abuse by a primary caretaker was confirmed and the type of substances involved. Substance abuse was confirmed in 36 percent of the 2002-2003 cases, somewhat less often than in previous years, but the differences were not statistically significant. There are marked differences in the types of

Table 4-5. Child and Family Problems

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Child circumstances, alleged or confirmed						
Prenatal or infant drug exposure	2	4	3	7	5	11
Developmental delay, ADD, ADHD	11	24	8	18	6	13
Mental illness	4	9	3	7	4	9
Serious physical disability/illness	5	11	2	5	1	2
Runaway	8	17	5	11	1	2
Truancy	8	17	3	7	1	2 ^a
Sexual acting out	12	26	5	11	2	4 ^b
Substance abuse	4	9	3	7	0	0
Delinquency	4	9	3	7	0	0
Total	46	*	44	*	45-46	*
Number of child circumstances alleged or confirmed						
0	21	46	26	59	29	63
1	12	26	8	18	14	30
2	4	9	5	11	3	7
3 or more	9	20	5	11	0	0
Total	46	100	44	100	46	100
Mean no. of child circumstances	1.3		.8		.4 ^x	
Range	0-6		0-4		0-2	
Parent/caretaker circumstances, alleged or confirmed						
Substance abuse by mother	23	50	22	50	22	49
Substance abuse by father/male caretaker	11	24	15	34	14	31
Mental illness	12	26	12	27	8	18
Other mental or physical disability	11	24	6	14	5	11
Domestic violence	28	61	27	61	8	18 ^d
Current incarceration	9	20	14	32	4	9 ^a
Total	46	*	44	*	45	*

Table 4-5. Child and Family Problems (continued)

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Number of parent circumstances alleged or confirmed						
0	8	17	4	9	16	36
1	14	30	16	36	11	24
2	8	17	6	14	7	16
3 or more	16	35	18	41	11	24
Total	46	100	44	100	45	100
Mean no. of parent circumstances	2.0		2.2		1.4 ^w	
Range	0-6		0-6		0-5	
Was substance abuse by a primary caretaker confirmed?						
Yes	21	49	18	42	16	36
No	22	51	25	58	29	64
Total	43	100	43	100	45	100
Type of substance abuse confirmed¹						
Alcohol	21	100	13	72	3	19 ^d
Marijuana or hashish	4	19	6	33	7	44
Heroin/opiates	2	10	3	17	10	63 ^c
Other substances ²	10	48	9	50	3	19
Total	21	*	18	*	16	*
<p>Significance levels of χ^2: a = $p \leq .05$ c = $p \leq .001$ b = $p \leq .01$ d = $p \leq .0001$</p> <p>Significance levels of F: w = $p \leq .05$ x = $p \leq .01$</p> <p>*Percentages do not add to 100 because more than one response could be chosen, or no response at all. The total number shown is the number of cases for which information was available.</p> <p>¹Percentages are based on the number of cases where substance abuse by a primary caretaker was confirmed.</p> <p>² Question formats differed significantly across years. In 2002-2003, the item about abused substances was shortened from 11 options to just 3 (alcohol, marijuana/hashish, and heroin/opiates) plus an "other/specify" for the data collector to fill in. For earlier years, we grouped cases with a response to any of the other 8 options under "other."</p>						

drugs abused, however. In the recent sample, the most frequently abused drugs were heroin or other opiates (63%), followed by marijuana or hashish (44%), alcohol (19%), and other substances (19%). In the earlier samples, alcohol was by far the most commonly abused drug

(100% in 1998 and 72% in 2000). Abuse of heroin or opiates was recorded much less often (in 10% and 17% of cases). The differences in alcohol abuse and heroin/opiate abuse across samples are statistically significant.

4.4 How SRS and the Family Court Responded

In this next section, we examine how the system responded in these cases, considering the timeliness of the response, whether or not the child was placed, the services that were brought to bear, and various dimensions of court processing.

4.4.1 Timing of Investigation, Filing, and Placement

As shown in Table 4-6, in 2002-2003, SRS usually made initial contact in the case within 24 hours of the report that led to the petition (62% of all cases). Contact was made in most of the remaining cases (28%) within 72 hours. This pattern was not significantly different from prior years.

Consistent with previous years, the majority of 2002-2003 petitions (74%) were filed within 30 days of receiving the report, and a few (11%) involved a time lag of more than 60 days. SRS opened a maltreatment case in 86 percent of the cases, including two cases where the report was not substantiated but the family qualified for services because of substance abuse. Reports in four other cases (8%) were not substantiated. The three remaining cases (6%) involved unique circumstances, including a transfer from another district, a report that was not accepted for investigation, and a petition that was eventually amended to “unmanageable” rather than child abuse and neglect. Comparable information was not available for prior years. However, notes on the earlier data file indicate that at least four cases were not substantiated, all from 2000.¹⁸

¹⁸ We cannot be sure these were the only unsubstantiated cases. Personal communication from Joy Livingston, local evaluation consultant to KidSafe, January 7, 2005.

Over the three comparison periods, there are statistically significant differences in the time to substantiate a case.¹⁹ In general, the trend is toward longer times. Just 30 percent of the

¹⁹ Unfortunately, we lack good information on the time it took to determine that a case was *not* substantiated. The forms were not designed to capture this information, although data collectors volunteered it in two of the 2002-2003 cases. These cases took 20 and 32 days, respectively.

Table 4-6. How the Child Protection System Responded: Timing of Investigation, Court Filing, and Placement

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
How long after the report did SRS take action?						
Within 24 hours	30	71	26	62	29	62
Within 72 hours	12	29	15	36	13	28
After 72 hours	0	0	1	2	5	11
Total	42	100	42	100	47	100
Days from SRS report to petition date						
0-6 days	24	63	17	49	19	40
7-30 days	8	21	8	23	16	34
31-60 days	1	3	5	14	7	15
More than 60 days	5	13	5	14	5	11
Total	38	100	35	100	47	100
Result of this report/petition at SRS¹						
SRS opened a case	—	—	—	—	43	86
Report not substantiated/no action	—	—	—	—	4	8
Other ²	—	—	—	—	3	6
Total					50	100
Days from report to substantiation						
0 days	16	46	5	17	2	5 ^b
1-6 days	7	20	8	27	10	25
7-30 days	9	26	10	33	15	38
31-60 days	1	3	5	17	9	23
More than 60 days	2	6	2	7	4	10
Total	35	100	30	100	40	100
Was the child placed?						
Yes ³	61	91	38	84	29	58 ^d
-Placed by SRS	(43)	(64)	(37)	(82)	(22)	(44)
-Already in SRS custody	(0)	(0)	(0)	(0)	(1)	(2)
-Placed by court	(0)	(0)	(1)	(2)	(6)	(12)
-Not sure who placed	(18)	(27)	(0)	(0)	(0)	(0)
No	6	9	7	16	19	38
No, but in SRS custody	0	0	0	0	2	4
Total	67	100	45	100	50	100

Table 4-6. How the Child Protection System Responded: Timing of Investigation, Court Filing, and Placement (continued)

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Days from SRS report to first removal						
Same day or before ⁴	9	26	12	44	3	12 ^a
1-6 days	13	38	3	11	7	27
7-30 days	6	18	5	19	10	38
31-60 days	1	3	3	11	4	15
More than 60 days	5	15	4	15	2	8
Total ⁵	34	100	27	100	26	100
Days from petition to first removal						
Same day or before	32	78	27	73	18	64 ^a
1-6 days	5	12	5	14	2	7
7-30 days	0	0	1	3	6	21
31-60 days	2	5	1	3	2	7
More than 60 days	2	5	3	8	0	0
Total ⁵	41	100	37	100	28	100

Significance levels of χ^2 :

a = $p \leq .05$

c = $p \leq .001$

b = $p \leq .01$

d = $p \leq .0001$

¹This question was not asked on earlier forms. However, notes on the earlier data file indicate that four of the 2000 cases were not substantiated. We do not know whether these were the only unsubstantiated cases.

²One report was not substantiated as child abuse and neglect, but an unmanageable case was opened. In another case, the referral was not accepted for investigation, but the family already had an open case. The third case involved the transfer of an open case to the District.

³We could discriminate between categories of placement in 2002-2003 better than in previous years, because we had the data collection forms, which often contained explanatory notes. In previous years, some children classified as "placed" may have already been in SRS custody or may have been placed, but not by SRS. Also, in 2002-2003, there were several cases where SRS did not have custody, but the Family Court authorized a move for the child. We could only recognize one case where this occurred in previous years.

⁴There were two cases in the 1998/2000 data set where it appeared that children had actually been removed shortly before the report date recorded in the file. We kept them in the analysis, judging that these may have been cases where there were multiple reports in the same general time period. Cases involving larger discrepancies were eliminated from the analyses.

⁵Note that there are higher proportions of missing data for children removed in 1998 and 2000.

2002-2003 cases were substantiated in less than a week, compared with 66 percent of cases in 1998 and 44 percent in 2000. Current SRS policy dictates that ideally, investigations should be completed within 30 days.²⁰ A third of the recent cases took more than 30 days from report to substantiation, however, compared to 9 percent in 1998 and 24 percent in 2000. The differences over time are statistically significant.

Children in the 2002-2003 sample were far less likely to be placed out of home than in earlier years. Thirty-eight percent remained in the custody of their parents/caretakers throughout. Another 4 percent (two children) were put in SRS custody but never removed from their homes. Thus, 42 percent of the sample remained at home, compared to just 9 percent in 1998 and 16 percent in 2000.

For those children who were removed from home, removal occurred somewhat earlier on average in the 1998 and 2000 samples, whether measured by the time from report to removal or the time from petition to removal. The differences across years are statistically significant. However, the vast majority of all children removed from home were removed within 6 days of the petition date (90% in 1998, 87% in 2000, and 71% in 2002-2003).

4.4.2 Services Needed and Received

In all three samples, SRS files indicated that most of the families involved needed services (see Table 4-7). In fact all families were deemed to need services in the 1998 sample, compared with 87 percent in 2000 and 2002-2003. This difference is statistically significant, but may be less meaningful than it appears; notes on the 2002-2003 forms indicate that at least two families did not need services simply because they were already receiving them at the time of the petition. Data on services ordered by Family Court corroborate the need for services in the sample. The Court ordered some type of services in 71 percent of the 1998 cases, 78 percent of the 2000 cases, and 84 percent of the 2002-2003 cases.

²⁰ If completion is not possible within 30 days, “clear tasks and deadlines should be established and laid out by the supervisor.” *Social Services Policy Manual*, Policy No. 52, dated May 20, 2003, accessed at <http://www.path.state.vt.us/cwyj/manual/52.html>.

Table 4-7. How the Child Protection System Responded: Services

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Any service needs indicated in SRS files?						
Yes	45	100	39	87	40	87 ^a
No	0	0	6	13	6	13
Total	45	100	45	100	46	100
Any services ordered by Family Court?						
Yes	32	71	31	78	42	84
No	13	29	9	23	8	16
Total	45	100	40	100	50	100
Type of service needs identified by SRS						
In-home visiting by service provider	15	38	9	21	25	56
Supervised visitation ¹	—	—	—	—	21	46
Substance abuse assessment	5	12	8	20	21	46 ^c
Substance abuse treatment	7	18	9	23	15	36
Domestic violence services	6	16	7	17	5	12
Sex offender evaluation	1	2	1	2	4	9
Sex offender treatment	2	5	3	7	1	2
Other counseling or assessment ²	23	52	21	47	5	11
Total ³	32-45	*	36-43	*	42-46	*
Were any services received?						
Yes	30	65	24	53	37	74
No	16	35	21	47	13	26
Total	46	100	45	100	50	100

Table 4-7. How the Child Protection System Responded: Services (continued)

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
No. and proportion of those needing services who received them⁴						
In-home visiting services	11	73	4	44	21	84
Supervised visitation ¹	—	—	—	—	17	81
Substance abuse assessment	1	20	4	50	17	81 ^a
Substance abuse treatment	2	29	4	44	11	73
Domestic violence services	0	0	3	43	2	40
Sex offender evaluation	0	0	0	0	3	75
Sex offender treatment	1	50	0	0	1	100
Other counseling or assessment ²	11	48	12	57	3	60

Significance levels of χ^2 :

a = $p \leq .05$

c = $p \leq .001$

b = $p \leq .01$

d = $p \leq .0001$

*Percentages do not add to 100 because more than one response could be chosen, or no response at all. The total number shown is the number of cases for which information was available.

¹This service type was not listed on the earlier forms.

²Question formats differed significantly across years. The 2002-2003 data collectors were offered 7 service categories, plus an “other/specify” category that they used sparingly, and only for other types of assessment or counseling. Data collectors in 1998 and 2000 were provided a much longer list of services to choose from. We grouped anything that appeared to involve counseling/assessment in this category and disregarded other service types with no analog in our data collection.

³The number of cases with available information varied by item.

⁴The percentages are based on the number of families who needed the service (shown in the table section above). For several services, data collectors in 2002-2003 could not determine if the needed services were received. The services involved were substance abuse assessment (3 cases), substance abuse treatment (1 case), domestic violence services (1 case), supervised visitation (3 cases), and other counseling or assessment (2 cases). For purposes of analysis, we treated these cases as if the needed services were not received.

Table 4-7 reports on several types of service needs identified in the SRS files.²¹ For the 2002-2003 sample, the most frequently identified needs were for in-home visiting by a service provider (56% of all cases), supervised visitation (46%), substance abuse assessment (46%), and substance abuse treatment (36%). Needs for domestic violence services (12%),²² sex offender evaluation (9%), or other counseling or assessment (11%) were identified in a handful of cases, and sex offender treatment in just one (2%). Only the substance abuse assessment

²¹ Note that our data do not show how these needs came to be identified, or whether a Family Court order was instrumental in the process.

²² Note that needs for domestic violence services were rarely identified in 1998 and 2000, despite the high levels of domestic violence reported among parent/caretaker circumstances. We have no explanation for this.

category shows a statistically significant difference in identified needs across years. Nearly half (46%) of the new sample was identified as needing substance abuse assessment versus 12 percent in 1998 and 20 percent in 2000—this despite the fact that the proportion of parents with substance abuse problems was about the same across years. (Compare Table 4-6 above.) Differences across years are noticeable for in-home visiting as well, although not quite large enough to be statistically significant. Fifty-six percent of the new sample needed in-home visiting compared with 38 percent in 1998 and 21 percent in 2000. No comparison was possible on two categories—supervised visitation (not included on previous forms) and other counseling or assessment (probably affected by differences in service categories used).

The last two sections of Table 4-7 look at whether services were received. Overall, 74 percent of the 2002-2003 sample received at least one service, according to SRS files. This is slightly higher than for previous years, but not enough to be statistically significant.

Looking at individual service categories—specifically, whether families who needed a particular service actually got it—provides a more complete picture. First, we note that in 2002-2003, except in one category (domestic violence services) the majority of families who needed a service did get it. This is also the only category where a slightly smaller proportion of families got a needed service than in earlier years. Second, we see marked differences in receipt of in-home visiting services across years. Eighty-four percent of the recent sample received in-home visiting services compared to just 44 percent in 2000 and a more comparable 73 percent for 1998. For this service, it is the “slump” in 2000 that stands out. The differences across years fall just short of statistical significance.

However, there *is* a statistically significant difference across years for substance abuse assessments. Here we see a marked trend upwards in meeting identified needs, from 20 percent in 1998, to 50 percent in 2000, to the substantial 81 percent in 2002-2003. In this context, we recall that Family Court instituted on-site substance abuse and mental health assessments in 1999, in cooperation with the local community mental health agency. It seems likely that this had something to do with the improvements for this service. However, neither Westat nor the MSCA collected information on why families *failed* to receive a needed service—for example, whether the service was difficult to obtain, the family was uncooperative, or some other reason.

In the 2002-2003 sample, we also looked at one other aspect of service provision in greater detail—the speed with which families got services. The MSCA study also attempted to

look at speed of service delivery, but with limited success because the collectors had difficulty finding the details required by the data collection format. We simplified the data collection format in 2002-2003 in hopes of getting information on more cases, even if it was somewhat less detailed. The results appear in Table 4-8.

Table 4-8 shows that in all but one service category (other counseling/assessment), most families received prompt services. Thus, within 30 days of the petition date 94 percent got supervised visitation, 82 percent got substance abuse assessment, 80 percent got in-home visiting, and 73 percent got substance abuse treatment. Substance abuse treatment is the only type of service where more than one family waited over 60 days to get the service.

There is some basis for thinking that timeliness of service delivery has improved, judging from the MSCA findings. According to the report on that study,²³ data on timeliness of services was available for about half the cases in 1998 and 2000. In about half those cases, families received some type of service within 1 month of the petition date. Another 10 percent in 1998 and 33 percent in 2000 received services within 1 to 6 months. Certainly, Table 4-8 presents a more positive picture, although caution is warranted, given the high level of missing data in 1998 and 2000 and the differing data collection formats.

4.4.3 Case Handling in Family Court

Several aspects of the court experience are of particular interest, including the length of a family's involvement in Family Court, the consistency of judges and other legal personnel in the case, and representation for families and children in the legal process. The case tracking study was designed to provide some insight into all of these issues. The smaller window of observation for the 2002-2003 cases affects several comparisons, however. For those comparisons, we omit tests of statistical significance.

Table 4-9 indicates that in 71 percent of the 2002-2003 cases, initial hearings took place on the same day or 1 day after the petition was filed. Only 14 percent of initial hearings were deferred as long as a week after the petition. This pattern is consistent with previous years.

²³ Livingston, *op. cit.*, 2003, p. 4.

Table 4-8. How the Child Protection System Responded: Time From Petition to Service, 2002-2003

Type of need	Within 30 days		31-60 days		More than 60 days		All cases receiving service ¹	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
In-home visiting by service provider	16	80	3	15	1	5	20	100
Supervised visitation	15	94	1	6	0	0	16	100
Substance abuse assessment	14	82	2	12	1	6	17	100
Substance abuse treatment	8	73	1	9	2	18	11	100
Domestic violence services	0	0	1	100	0	0	1	100
Sex offender evaluation	2	67	1	33	0	0	3	100
Sex offender treatment	1	100	0	0	0	0	1	100
Other counseling or assessment	1	33	2	67	0	0	3	100

¹Excludes cases where date of service could not be determined, including one case each in the categories of in-home visiting, supervised visitation, and domestic violence services.

By the time of our data collection, at least a year had elapsed since the petition date in every case, and 60 percent of the court cases were already closed. The sample is almost evenly split among cases resolving in less than 3 months, 3 to 6 months, and more than 6 months. Previous samples had far more open cases at the time of data collection—55 percent in 1998 and 84 percent in 2000 (vs. 40% in the new sample)—though the time between petition and data collection was much longer for the earlier cases.

Table 4-9 also shows the number of hearings that had taken place in each case at the time that data collection was done. As might be expected from the shorter time window for observation and the higher rate of case closures, cases in the 2002-2003 sample had fewer hearings. Nearly half (46%) had had four hearings or less compared with 32 percent in the 1998 sample and 20 percent in the 2000 sample. While there were fewer hearings on average in the new sample, it should be pointed out that the new sample contained two cases with unprecedented numbers of hearings (45 and 54, respectively). Both these cases were part of the Family Treatment Court program instituted in April 2002.

Table 4-9. How Cases Were Handled in Family Court

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Status and timing						
Time from petition date to initial hearing						
Same day	29	66	27	61	30	61
1 day	5	11	3	7	5	10
2-6 days	4	9	10	23	7	14
1 week or more	6	14	4	9	7	14
Total	44	100	44	100	49	100
Current status of this case¹						
Open	37	55	38	84	20	40 ^d
Closed	12	18	3	7	30	60
Unable to determine	18	27	4	9	0	0
Total	67	100	45	100	50	100
Time from petition date to court closure²						
Under 3 months	—	—	—	—	10	33
3 - 6 months	—	—	—	—	9	30
More than 6 months	—	—	—	—	11	37
Total					30	100
Range					5 - 445 days	
Number of court hearings³						
1	0	0	0	0	8	16
2-4	21	32	9	20	15	30
5-9	16	25	16	36	15	30
10-19	27	42	18	41	9	18
20 or more	1	2	1	2	3	6
Total	65	100	44	100	50	100
Range	2 - 20		2 - 25		1 - 54 hearings	
Consistency						
Number of judges³						
1	15	23	18	41	26	54
2	15	23	11	25	10	21
3 or more	35	54	15	34	12	25
Total	65	100	44	100	48	100
Range	1 - 8		1 - 7		1 - 4	
Number of attorneys³						
1	27	42	22	50	34	69
2	21	32	10	23	12	24
3 or more	17	26	12	27	3	6
Total	65	100	44	100	49	100
Range	1 - 4		1 - 4		1 - 4	

Table 4-9. How Cases Were Handled in Family Court (continued)

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Number of GALs³						
0	0	0	0	0	2	4
1	40	62	31	70	27	55
2	23	35	9	20	16	33
3 or more	2	3	4	9	4	8
Total	65	100	44	100	49	100
Range	1 - 5		1 - 4		1 - 3	
Attorney representation for child						
Child's counsel present at initial hearing						
Yes	65	100	43	98	48	96
No	0	0	1	2	2	4
Total	65	100	44	100	50	100
Child's counsel present at TPR hearing						
Yes	13	93	12	100	6	100
No	1	7	0	0	0	0
Total	14	100	12	100	6	100
GAL representation for child						
GAL present at initial hearing						
Yes	50	77	25	57	40	80 ^a
No	15	23	19	43	10	20
Total	65	100	44	100	50	100
GAL present at TPR hearing⁴						
Yes	12	86	11	92	4	67
No	2	14	0	0	2	33
At one/not the other	0	0	1	8	0	0
Total	14	100	12	100	6	100
Percent of all hearings where GAL was present						
100%	24	37	17	39	17	35
90-99%	7	11	1	2	2	4
75-89%	13	20	14	32	9	19
50-74%	15	23	7	16	13	27
1-49%	5	8	5	11	4	8
0%	1	2	0	0	3	6
Total	65	100	44	100	48	100
Mean % where present	81%		80%		73%	

and fewer hearings. Indeed, the number of hearings in a case and the number of judges involved in that case are strongly correlated overall ($r=.52$, $p<.0001$). The number of hearings and number of attorneys are also correlated, although less strongly ($r=.29$, $p<.001$).²⁴

In Vermont Family Court, it is the practice to have every dependent child represented by both an attorney and a GAL. Therefore, we also examined representation by GALs. Table 4-9 reveals that fewer children in the 2002-2003 sample had the same GAL present throughout the proceedings (55%) than had the same attorney (69%). Four children (8%) had three or more GALs involved in their hearings and two (4%) did not have a GAL at all.²⁵ As with judges and attorneys, there is a statistically significant correlation between the number of hearings and consistency of guardians overall ($r=.33$, $p<.0001$).²⁶

Besides looking at the number of attorneys representing the child, we also looked at whether the child's counsel and GAL were present at the initial hearing and at the hearing to terminate parental rights (TPR), if any. Ninety-six percent of the children in these cases had legal counsel at the initial hearing and all had it at the TPR, consistent with the high levels of representation in the earlier samples.

As for GALs, they were present at 80 percent of initial hearings in 2002-2003, similar to the 77 percent attendance observed in 1998, and representing a significant improvement over the 57 percent attendance for 2000. These differences over time are statistically significant. GALs were present at the TPR hearings in 67 percent of the cases—less often than in earlier samples—but the differences are not significant because of the small number of cases involved. TPR is a lengthy process—it took anywhere from 255 to 357 days for the six cases in the 2002-2003 sample. Other cases may not have reached the TPR stage by the time we completed our data collection.

On average, a GAL attended 73 percent of all hearings in 2002-2003. A GAL was at every hearing in 35 percent of cases (although not necessarily the same GAL). In the earlier samples, consistency of representation and attendance were somewhat higher, but none of these

²⁴The Pearson's correlations between number of hearings and number of judges were .53 for 1998, .66 for 2000, and .63 for 2002-2003 (all $p<.0001$). Correlations between number of hearings and number of attorneys were .35 for 1998 ($p<.01$), .32 for 2000 ($p<.05$), and .27 for 2002-2003 (not significant).

²⁵ One of the cases without any GAL involved a single hearing, the other had two hearings.

²⁶ Separate Pearson's correlations for the three time periods are .33 ($p<.01$), .55 ($p<.0001$), and .28 ($p<.05$) respectively.

differences is statistically significant.²⁷ As might be expected, there is an inverse correlation between the number of hearings and the percentage of hearings attended by a GAL—in other words, the more hearings there were, the lower the attendance rate. This relationship was modest but statistically significant across all cases ($r=-.27$, $p<.001$) and for the 1998 and 2002-2003 samples.²⁸

The final sections of Table 4-9 present data on parental representation at the initial hearings and TPR hearings. In some cases, only one parent was involved in the case or the TPR process, so percentages are based on those for whom a particular hearing was applicable. Mothers were represented at 80 percent of the initial hearings in the new sample, fathers 42 percent of the time. There are statistically significant differences across years on both counts; the main difference is that representation was better in 2000 and 2002-2003 than in 1998.

The mother was represented at 75 percent of the TPR hearings and fathers were represented at 67 percent of the hearings that involved them. Again, although the percentages are not as high as in earlier samples, the number of TPRs is small, and differences across years are not statistically significant.

4.5 Outcomes for Children and Families

In this section we look at outcomes of the child protection process in these cases from two perspectives:

- Placement experience and permanency, and
- Safety.

When the data were collected on these outcomes, 58 percent of the 2002-2003 cases were still open at SRS, although one was no longer being handled as a child abuse and neglect case. (See

²⁷ Although the differences across years are not statistically significant, note that GAL attendance figures for 2002-2003 may have been affected slightly by a policy of the new Family Treatment Court (FTC). FTC cases can involve frequent status conferences, and the judge does not require GALs to be present at all of them. There were two FTC cases identified in our sample, with GALs present at 20% and 31% of the hearings respectively. We could not distinguish between hearings where the GAL was required to attend and hearings where the GAL was excused. If we exclude these two cases from the analysis of GAL attendance across all hearings, GAL attendance would average 75% of all hearings.

²⁸ Separate Pearson's correlations for the three time periods are -38 ($p<.01$), $-.08$ (NS), and $.31$ ($p<.05$) respectively.

Table 4-10.) Forty percent of the cases were closed, and one case had been transferred to another District Office. About the same proportion of cases was still open in the previous samples, although the time elapsed between petition and data collection was longer for them. Fifteen percent of the cases in the 2002-2003 sample were closed less than 3 months from the petition date and 25 percent within 3 to 6 months. Just 20 percent were closed after more than a year.

Table 4-10. Status of SRS Involvement at Time of Data Collection

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Status of this case at SRS						
Open	35	61	33	75	29 ¹	58
Closed	21	37	10	23	20	40
Transferred to another District	1	2	1	2	1	2
Total	57	100	44	100	50	100
Time from petition date to SRS closure²						
Under 3 months	—	—	—	—	3	15
3 - 6 months	—	—	—	—	5	25
Over 6 months - 1 year	—	—	—	—	8	40
More than 1 year	—	—	—	—	4	20
Total					20	100
¹ Includes one case being handled as custody of an unmanageable child.						
² Percentages are based on the number of closed cases.						

4.5.1 Placement and Permanency

The placement and permanency experiences for all three samples are summarized in Tables 4-11 and 4-12. Once again, recall that the window of observation is shorter for the 2002-2003 sample than for the earlier years. Therefore, we omit tests of statistical significance for most comparisons in these tables.

Table 4-11 begins with a comprehensive look across all samples, considering all the various pathways to permanency. In examining permanency, we followed the lead of the MSCA study of 1998 and 2000. We considered a placement permanent when the child had reached the setting where he/she was expected to stay (or did stay, if the case was over). This means that if a child was in an adoptive home but the TPR or adoption was still pending, we treated the date of placement in that home as the permanency date.

Table 4-11. Outcomes for Children and Families: Summary of All Placement and Permanency Decisions

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
In permanent placement						
Never removed ¹	6	9	7	16	21	42
Removed but returned home	25	37	9	20	4	8
Achieved permanency with other family	8	12	6	13	6	12
-Other parent	2	3	1	2	2	4
-Foster home/kinship	1	1	2	4	3	6
-Other relative ²	5	7	3	7	1	2
Achieved permanency elsewhere	15	22	11	24	6	12
-Foster home/non-kinship	15	22	10	22	6	12
-Independent living	0	0	1	2	0	0
<i>Subtotal: All permanent</i>	<i>54</i>	<i>81</i>	<i>33</i>	<i>73</i>	<i>37</i>	<i>74</i>
Permanency not determined³						
Placed with family	1	1	4	9	4	8
-Other parent	1	1	0	0	2	4
-Foster home/ kinship	0	0	0	0	1	2
-Other relative ²	0	0	4	9	1	2
Placed elsewhere	9	13	7	16	8	16
-Foster home/non-kinship	6	9	4	9	5	10
-Group home or residential facility	2	3	2	4	3	6
-Independent living or with friend	1	1	1	2	0	0
Placement unknown	3	4	1	2	1	2
<i>Subtotal: All non-permanent</i>	<i>13</i>	<i>19</i>	<i>12</i>	<i>27</i>	<i>13</i>	<i>26</i>
Total: All Petitions	67	100	45	100	50	100
¹ For 2002-2003, includes two cases where the children were placed in SRS custody, but not removed from the home. ² In all the permanent placements and all but one of the non-permanent placements, the relative was a grandparent. SRS files did not identify these as “foster homes.” ³ This category includes some cases where data collectors could not determine if the placement was permanent or a decision was still pending about whether the placement would be permanent.						

Table 4-11 divides all children into several broad groupings according to their placement and their “final” status (at the point of data collection). The first broad grouping includes all children in permanent settings—children who were never removed from home in the first place, those removed but eventually returned, children in permanent settings with other family members, and children in permanent settings elsewhere. (Figures in italics provide finer

breakdowns within some categories.) The second broad grouping—permanency not determined—includes children who have not yet achieved permanency or whose permanency status could not be determined from the files.²⁹

Looking first at those who have achieved permanency, we see that 74 percent of the children in the 2002-2003 sample were in a permanent home at the time of data collection. This is just about the same as the permanency rate for the 2002 sample (73%) and not far below the 1998 rate (81%). This is fairly striking, given that less time had elapsed between petitions and data collection in the new sample, so there was less time to achieve permanency in these cases. The reason is apparent on closer inspection: many more children remained in their own homes initially (42% vs. 9% in 1998 and 16% in 2000). As reported above (see Table 4-6), this difference was statistically significant. Once removed, however, children in the new sample were less likely to have returned home (at least by the time of data collection.) Only 14 percent of those removed had done so, compared to 41 percent in the 1998 sample and 24 percent in the 2000 sample (data not shown).

About the same proportion of children in all samples—12 to 13 percent—were permanently placed with another family member if they did not go home. All but one of the other permanent placements involved non-kinship foster care—22 percent in 1998 and 2000 and 12 percent in 2002-2003. One child in 2000 was in a permanent independent living situation.

Sixty percent of the permanent placements in 2002-2003 (excluding those at home or with the other parent) were identified as adoptive or pre-adoptive homes at the time of data collection (data not shown). By comparison, 67 percent were identified as adoptive homes in 1998 and 87 percent in 2000. A few cases in each sample involved adoption by a relative—two in 1998, three in 2000, and one in 2002.

As for the children who were not yet permanently placed (or whose status was uncertain), they were most often in non-kinship settings, usually foster care. Proportions in these locations were roughly similar across samples. The 2000 and 2002-2003 samples also had 8 to 9 percent of youth (four cases each) in nonpermanent kinship placements, compared with just 1 percent (one case) in 1998. Although we and our MSCA counterparts attempted to collect

²⁹ In the 2002-2003 sample, data collectors sometimes indicated that a decision about the permanency of a child's current setting was still pending. This may have been true for some of the older cases too, but we could not tell. For Table 4-11, we have combined all placements identified as not permanent, undecided, or unknown under "Permanency not determined."

information on plans for children who were not in permanent placements, data collectors were unable to determine the plan (reunification, adoption, etc.) in the majority of cases.

Table 4-12 provides a closer look just at cases where there was an out-of-home placement. It indicates that of the children placed out-of-home in 2002-2003, over three-fourths (76%) had more than one placement, and about 10 percent had six or more placements during our window of observation. The highest number of placements was 19; according to notes from data collectors, the circumstances in this case were unusual, involving moves back and forth between just two locations. The next highest number of placements in the sample was 12. In the earlier samples, a higher percentage of children had 6 or more placements—18 percent in 1998 and 21 percent in 2000—but the observation period was longer for these cases. Otherwise, the most noticeable difference is that more of the 2000 cases involved a single placement (34% vs. 16% in 1998 and 24% in 2002-2003).

The second section of Table 4-12 shows the types of placements that occurred. Children could experience several different types of placements or more than one placement of the same type. (They are all counted in the previous figures for number of placements.) The single most common placement setting in all years was in a non-kinship foster home, experienced by 84 percent of the 1998 sample, 66 percent of the 2000 sample, and 72 percent of the new sample. Over half of all children spent time in more than one non-kin foster home, and a handful in each sample had five or more such placements (data not shown).

The next most common placements in 2002-2003 were in a kinship foster home (28%) or the child's own home (28%, excluding cases where the child was never removed.) Other settings included placement with the child's other parent (17%), in a residential facility (10%), in a group home (3%), a hospital (3%), and "other" (7%, both with grandparents). There are few statistically significant differences in placement types across years. Placements at home were more common in 1998 than the more recent samples, however. Also, group home placements were more common in both the earlier samples than they are now—possibly reflecting the fact that the old samples had more children over age 13.

Fifty-five percent of the children removed from their homes in 2002-2003 had achieved permanency by the time of data collection, compared with 79 percent in the 1998 sample and 68 percent in 2000. Because of differences in the observation periods, comparisons of time to permanency across samples are not very meaningful. (Permanency times are likely to

be shorter for the current sample because we are looking only at cases reaching permanency within a limited timeframe.) Table 4-12 includes such comparisons for information only.

Table 4-12. Outcomes for Children and Families: Placements and Time to Permanency for Children Ever Removed¹

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
Number of placements						
1	10	16	13	34	7	24
2	16	26	11	29	9	31
3-5	24	39	6	16	10	34
6 or more	11	18	8	21	3	10
Total	61	100	38	100	29	100
Range	1-16		1-18		1-19	
No. and proportion ever placed in:						
Own home ²	25	58	12	32	8	28 ^a
Other parent	0	0	0	0	5	17
Foster home/kinship	12	28	16	42	8	28
Foster home/non-kinship	36	84	25	66	21	72
Group home	11	26	8	16	1	3 ^a
Residential facility	5	12	4	11	3	10
Hospital	3	7	1	3	1	3
Other location ³	3	7	5	13	2	7
Total	43	*	38	*	29	*
Has child achieved permanency?						
Yes	48	79	26	68	16	55
No or not determined ⁴	13	21	12	32	13	45
Total	61	100	38	100	29	100
How long did it take from petition date to permanency?⁵						
0-30 days	9	35	7	41	10	63
31-90 days	5	19	2	12	1	6
91-365 days	5	19	4	24	4	25
More than 1 year	7	27	4	24	1	6
Total	26	100	17	100	16	100

Table 4-12. Outcomes for Children and Families: Placements and Time to Permanency for Children Ever Removed (continued)

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
How long did it take from removal to return home⁵						
0-7 days	7	29	2	22	0	0
8-30 days	4	17	1	11	2	50
31-90 days	5	21	2	22	0	0
91-365 days	5	21	3	33	2	50
More than 1 year	3	13	1	11	0	0
Total	24	100	9	100	4	100
Significance levels of χ^2 :						
a = $p \leq .05$		c = $p \leq .001$				
b = $p \leq .01$		d = $p \leq .0001$				
¹ Based only on cases where the child was removed from home at some point.						
² Does not include children who were never removed.						
³ Includes emergency shelter (3 cases), emergency shelter and detention (1), independent living (1), stays with relatives (2 with grandparents, 1 with stepfather), runaway (1), and “placement arranged by father” (1).						
⁴ Includes cases where data collectors could not determine if the placement was permanent and cases where the status of the placement had not been decided.						
⁵ Note that there were high levels of missing data on these items for 1998 and 2000.						

4.5.2 Safety

To examine child safety, we looked at whether there were new referrals to SRS within the 6 months following the petition date and whether the referrals had resulted in any investigations or substantiations.³⁰ The results are shown in Table 4-13.

As noted earlier, comparisons of referrals are suspect because we had computerized data on referrals not available for the earlier samples. Presumably referrals in the earlier samples are understated, although by an unknown amount. In this light, it is interesting that 42 percent of the 2002-2003 sample had no new referrals—almost identical to the proportion in the 2000 sample. On the other hand, 40 percent of the recent sample had two or more referrals within the 6 months after the petition.

³⁰ Note that new referrals could pertain to other children in the family, not the child named in our petition; so, this is an approximate measure of safety.

Table 4-13. Outcomes for Children and Families: Safety

	1998		2000		2002 - 2003	
	Number	Percent	Number	Percent	Number	Percent
New SRS referrals within 6 months after petition was filed						
Number of referrals/contacts¹						
None	29	67	18	41	21	42
1	8	19	17	39	9	18
2-3	6	14	7	16	15	30
4 or more	0	0	2	5	5	10
Total	43	100	44	100	50	100
Number of investigations						
None	53	83	21	47	33	69 ^b
1	6	9	17	38	12	25
2	3	5	4	9	3	6
3	2	3	3	7	0	0
Total	64	100	45	100	48	100
Number of substantiations						
None	54	84	24	53	43	90 ^c
1	5	8	15	33	4	8
2	3	5	3	7	1	2
3	2	3	3	7	0	0
Total	64	100	45	100	48	100
SRS referrals more than 6 months after petition was filed²						
Any referrals/contacts	—	—	—	—	23	46
Any investigations	—	—	—	—	8	16
Any substantiations	—	—	—	—	2	4
Total					50	*

Significance levels of χ^2 :

a = $p \leq .05$

c = $p \leq .001$

b = $p \leq .01$

d = $p \leq .0001$

*Percentages do not add to 100 because more than one category could apply, or no category could apply.

¹Data are not strictly comparable across years because only the data collectors for 2002-2003 had access to computerized information on referrals that were not accepted for investigation. This computer system was implemented in 2000.

²No case involved more than two referrals and none had more than a single investigation or substantiation.

In the 2002-2003 sample, 31 percent had at least one investigation in the 6 months after the petition date and 10 percent had a new substantiation. The differences across years are statistically significant, but there is no clear trend. New investigations (53%) and substantiations (47%) were markedly higher in the 2000 sample than in either the new or the 1998 sample.

For the 2002-2003 sample only, we have additional information on referrals, investigations, and substantiations more than 6 months after the petition date. (Our forms did not require this information, but SRS data collectors volunteered it.) Almost half the families in our sample (46%) had referrals to SRS in this later time period. Eight families (16%) had investigations and two (4%) had substantiations. Investigations were still pending in four cases (data not shown).

Because of the relatively small number of cases in our samples and the amount of missing data on some variables, it was difficult to determine what distinguished cases with new investigations or substantiations from other cases. We did not uncover any consistent links between case characteristics and safety outcomes.

4.6 Summary and Conclusions

The case tracking study in Vermont examined processing and outcomes of maltreatment cases petitioned to Family Court across three time periods, 1998, 2000, and 2002-2003. During the first period, KidSafe was in its first year of implementation, and the Family Court Pilot Project was still in its planning stages. By 2000, both initiatives were well underway and collaborating regularly on system improvements. By 2002-2003, both KidSafe and the Family Court Pilot Project were mature initiatives, pursuing more ambitious agendas and undertaking joint projects. One of these projects was the multi-system case analysis (MSCA) for 1998 and 2000 upon which the current study builds. KidSafe and the Family Court Pilot Project collected and computerized the data for the first two samples, while Westat was solely responsible for the 2002-2003 sample. Data for all time periods were collected from both Family Court and SRS.

The 2002-2003 sample was selected the same way as earlier samples, and in many respects turned out to be similar in terms of demographics, history with SRS, and needs. There were no significant differences across years in the history of involvement with SRS. However, the new sample contained fewer children ages 14 - 17, which probably accounts for the fact that

truancy and sexual acting out were documented less often than in earlier samples. In 2002-2003, the most common maltreatment allegation was risk of physical harm, in 64 percent of cases—significantly higher than in 1998 (41%), but about the same as in the 2000 sample (67%). Sexual abuse and neglect were alleged less often than in previous years. Domestic violence problems and current incarceration of a parent were much more often documented for the older samples. We can offer no interpretation for this.

Although substance abuse issues were equally prevalent across the samples, the substances abused were dramatically different. In the new sample, heroin/opiates were by far the most frequently abused substances—affecting 63 percent of those with a confirmed abuse problem in 2002-2003 compared to 10 and 17 percent respectively in 1998 and 2000. Alcohol abuse was the most frequently abused substance for earlier samples, but was reported for just 19 percent of the 2002-2003 group. This is consistent with information from the KidSafe process evaluation, during which local informants often expressed concern about the burgeoning heroin problems in the area.

Differences in characteristics of the families and the maltreatment involved could account for some of the differences in processing and outcomes. Because of the small sample sizes, it was not possible to fully explore the relationships. There are many other issues that affect the interpretation of comparisons across years, however, including the fact that the window of observation (the time from petition to data collection) was narrower for the 2002-2003 sample than for the earlier samples. Often, we have declined to make comparisons because of this or because data sources or wording of questions differed. Nonetheless, we have reasonable confidence in some observations.

4.6.1 Changes in Case Processing

Case processing in 2002-2003 differed from processing in earlier years in several ways. In 2002-2003:

- It took somewhat longer for SRS to substantiate cases, although the majority were substantiated within less than 30 days.
- If children were removed from home, it occurred later in the process—often a week or more after the initial report.

- Eighty percent of children were represented by a GAL at the initial hearing—considerably more than in 2000 (57%) and about the same as in 1998 (77%).
- Fewer court cases remained open at the time of data collection—40 percent versus 55 percent in 1998 and 84 percent in 2000.

Some aspects of processing—such as consistency of judges and consistency of legal and GAL representation for children—could not be compared fairly because of differences in the window of observation. There were no indications that consistency was deteriorating, however. In other ways, processing was similar to previous time periods. SRS typically followed up on the reports in these cases within 72 hours. The time elapsed between report and petition was about the same. As before, counsel for the child was present at nearly all initial and TPR hearings.

In a few areas where one might have looked for some improvement, there was none. Parents were no more likely to have counsel at the initial hearing than in 2000 (about 80% of mothers and 42% of fathers had it). Also, at TPR hearings, parents were no more likely to have counsel and children were no more likely to have GALs than in 1998 and 2000. (In fact, the proportions represented dropped, but there were few TPRs and the differences were not statistically significant.) Finally, GALs were present at about 73 percent of all court hearings, not significantly different from the 80 to 81 percent representation in previous years.

4.6.2 Changes in Services

As in previous years, the overwhelming majority of families needed services, according to SRS files, and Family Court formally ordered some services in most cases. Also, the majority of families did receive some type of services. When we looked at specific services, we could detect few changes, although some changes may have been masked by differences in the data collection formats. (The forms were changed to streamline data collection and minimize missing information, but this always has a downside.) The other difficulty is that some services were needed by just a few families—so that variations year to year could easily have occurred by chance.

There were noticeable and statistically significant changes for one type of service, however—substance abuse assessment:

- More families were identified by SRS as needing substance abuse assessment—46 percent in 2002-2003 compared with just 12 percent in 1998 and 20 percent in 2000.
- More of the families identified as needing substance abuse assessment got it—81 percent versus 20 percent in 1998 and 50 percent in 2000.

As noted earlier, it seems likely that the on-site availability of substance abuse assessment at the Court, beginning in 1999, contributed to the steady improvement in meeting needs for this service. We are less certain why the proportion of families deemed to need this service went up—or more precisely, why the need was so low in prior time periods, given that the proportion of parents/caretakers alleged to have substance abuse problems is similar across years. Perhaps the ready availability of assessments led to more consistent identification of need. Another possibility is that the heroin/opiate abuse so prevalent in the recent sample triggered more assessments than the alcohol abuse of earlier samples.

One other change in service patterns was evident, but not quite large enough to be statistically significant. More families were identified as needing in-home visiting by a service provider—56 percent in 2002-2003 versus 38 percent in 1998 and 21 percent in 2000. Also, more families who needed home visiting got it—84 percent compared to 73 percent and 44 percent before. Several factors could be at work here, including systemic changes identified during the KidSafe process evaluation. These include increased state support for home visiting services, KidSafe subsidies for home visiting by the Visiting Nurse Association, and closer collaboration between the Family Court, SRS, and private service providers.

One other observation is important: in 2002-2003, families who got a needed service usually did so within 30 days from the petition date. Although we could not directly compare speed of service delivery with earlier time periods because of differences in data collection, there are indications that this is an improvement.

4.6.3 Changes in Outcomes for Children and Families

Aside from greater access to services, two other kinds of outcomes for children and families were examined—permanency and safety. On the safety side, no clear patterns emerged. In the 6 months following the petition, the 2002-2003 families had fewer new investigations or substantiations by SRS than the 2000 sample, but they were not very different from the 1998

sample. Also, several families in the 2002-2003 sample had investigations and substantiations more than 6 months after the petition, but we did not have comparable data for the earlier periods. This suggests, however, that future studies should track safety over a longer time.

As for permanency, we were hampered by the fact that the window of observation was narrower for the 2002-2003 cases. Thus, certain dimensions of permanency (such as time to permanency) could not be compared. However, two facts on permanency are indisputable:

- In the 2002-2003 sample, as many children were in permanent situations (74%) at the time of study as in 2000 (73%) and almost as many as in 1998 (81%)—even though the time between petition and data collection was considerably longer for the earlier samples.
- The primary reason for this is that fewer children were removed from home—just 58 percent versus 91 percent in 1998 and 84 percent in 2000.

Differences in other types of placement, whether permanent or not, were not observed but could become apparent over time, as permanency is achieved for more of the 2002-2003 sample.

Overall, we conclude that there have been noticeable and positive changes in the way that the child protection system operates and the outcomes for children and families. While we cannot rule out the influence of other factors, we believe that Family Court, the KidSafe Collaborative, and their many partners, working together, deserve a large share of the credit.

5. Conclusions and Recommendations

Westat received supplemental funding for the evaluation of the SK/SS Program to examine outcomes for children and families. Findings for the overall initiative are in the *Final Report*.¹ The purpose of this additional report was to look more closely at the outcomes in three of the five project sites by following up on the MSCA (or case tracking study) conducted by local evaluators. The three sites chosen for the study had each conducted the MSCA for a baseline period (prior to full implementation of SK/SS) and across at least two agencies.² Two of the sites chosen—Kansas City and Burlington—had also collected data at a second time period. The samples and data sources for the current and previous studies are summarized in Table 5-1.

Table 5-1. Samples Used in the Analysis

Site	Type of cases	Year	Cases	Agencies tracked
Kansas City	Sex abuse reports in the target area and a comparison area	1998	50	CD, KCPD, Family Court, PAO
	Sex abuse reports in the target area and a comparison area	2000	50	CD, KCPD, Family Court, PAO
	Sex abuse reports in the target area	2002	49	CD, KCPD, Family Court, PAO
Huntsville	Cases referred to the MDT (with some action taken)	1997	135	MDT, DHR, law enforcement, District Court, Circuit Court, CAJA
	Cases opened for service in DHR	2002	91	DHR, District Court
Burlington	Family Court child abuse and neglect petitions	1998	67	SRS, Family Court
	Family Court child abuse and neglect petitions	2000	45	SRS, Family Court
	Family Court child abuse and neglect petitions	2002	50	SRS, Family Court

The table suggests some of the difficulty in matching the samples for the final year of data collection. In Kansas City, we were able to track cases across the same agencies, but had

¹ Gragg, et al. op. cit. 2004.

² One of the remaining SK/SS sites had looked at cases in only one agency, while the other had looked at cases in 2001, after SK/SS was well underway.

the resources to sample cases from the target area only. However, as stated in Chapter 2, Kansas City's local evaluator combined the data for the target and comparison areas and for both time periods in presenting the earlier results. We would have preferred to compare the target cases in our sample with previous target cases only.

In Huntsville, we were unable to draw a comparable sample and approximated it by selecting cases where abuse occurred in 2002 and were opened for service. The previous MSCA analysis conducted by the local evaluator tracked the cases through several agencies—the MDT, DHR, law enforcement,³ District Court, Circuit Court, and CAJA. Our followup study was limited to DHR and District Court.

In Burlington, we were able to maintain the most consistency across periods. In each year, cases were followed in SRS and Family Court. Samples also were drawn the same way, as a random sample of all child abuse and neglect petitions filed in Family Court for the target year. As a result, we were able to draw more solid conclusions about changes over time in case handling and outcomes for children and families. One further condition affected the study in all three sites. Our window of observation for outcomes—that is, the time elapsed between reporting, filing, or opening the target case and the time of data collection—was always shorter than in the earlier studies. That meant that there was less time for outcomes such as permanency to occur, and comparisons of time to certain key events (such as case closure) would be biased.

In this chapter, we briefly summarize the findings from the case tracking efforts and provide recommendations for future research. We do not compare our findings with those of previous years, except in Vermont, because of differences in design and data source.

5.1 Findings From Case Tracking Studies

In each of the three sites, we examined service referrals and delivery, case processing, and outcomes for children in families. Our primary responsibility for conducting this study was to identify outcomes for children and families; we summarize those findings for each site below.

³ The law enforcement information in the earlier study was information included in the MDT files.

5.1.1 Findings for Children and Families in Kansas City

In Kansas City, we examined several factors for measuring improved outcomes for children and families, including offering a safe and secure environment, trauma reduction, safety, and permanency. First, we found that 37 percent of the reports went through the Child Protection Center (CPC) for forensic interviews or medical assessments. The CPC provides one means of reducing child trauma by offering joint interviewing by the Children's Division and police in a safe and secure environment.

Second, the Children's Division and/or the Family Court limited the perpetrator's access to victims in nearly one-half of the sampled reports (47%). In just 14 percent of reports, the perpetrator had unsupervised access to the victim while the case was active.

Third, the Children's Division closed nearly three-quarters of the reports we studied within 2 years. Several other cases remained open because a court petition required in-home services, but the children were safely living with a parent. Only one case remained open at the time of data collection with the child in out-of-home care. The Family Court files also contained a court-ordered permanency goal for the open cases. In three cases, the court set reunification as the permanency goal. In one case, the court ordered the Children's Division to work toward adoption. For two remaining cases, there was no court-ordered permanency goal since a protective custody hearing never took place.

Finally, some recidivism occurred, even within the abbreviated window allowed for the 2002 study. The Children's Division received subsequent referrals involving either the victim or perpetrator for one-fifth of the reports.

5.1.2 Findings for Children and Families in Huntsville

At the time data collection ended for our study, DHR had closed cases for 48% of the victims. In 45 percent of those cases, families had either been reunited or the child(ren) had remained home throughout. For the open cases, 35 percent of the victims remained in the home or had been returned to parents.

We compared these dispositions with the permanency goals established for the victims, where available. This analysis revealed that in closed cases, at least 59 percent of the

victims with permanency plans had reached their permanency goal (40% were returned home or stayed with the parent during DHR custody, 15% were placed with relatives, and 4% had some other placement, such as long-term foster care, independent living, or treatment centers). Of those victims with open cases at the end of data collection, 67 percent were in the placement called for by their plan—home (28%), relative care (19%), and foster care or independent living (20%). Overall, by the close of data collection, 57 percent of all victims in our study were known to be either permanently placed or already in the setting called for by their permanency plan.

As for recidivism, an additional report was made prior to the end of data collection in 17 percent of the cases opened in 2002.

5.1.3 Findings for Children and Families in Burlington

In Burlington, two kinds of outcomes for children and families were examined—permanency and safety. On the safety side, no clear patterns emerged. Many of the families (42%) had an additional referral to SRS within the 6 months following the court petition. However, the 2002-2003 families had fewer new investigations or substantiations by SRS than the 2000 sample and were similar to the 1998 sample.

As for permanency, we we found that:

- In the 2002-2003 sample, as many children were in permanent situations (74%) at the time of study as in 2000 (73%) and almost as many as in 1998 (81%)—even though the time between petition and data collection was considerably longer for the earlier samples.
- The primary reason for this is that far fewer children were removed from home—just 58 percent versus 91 percent in 1998 and 84 percent in 2000.

Differences in other types of placement, whether permanent or not, were not observed but could become apparent over time, as permanency is achieved for more of the 2002-2003 sample.

We also identified several other changes, specifically related to service access, that we believe can be attributed to the combined efforts of SK/SS and the Family Court Pilot Project. The most striking change was a substantial increase in the proportion of families identified as needing substance abuse assessment (46% vs. 12% in 1998 and 20% in 2000) and

in the proportion of those in need who got the service (81% vs. 20% in 1998 and 50% in 2000). A similar pattern, although not quite large enough to be statistically significant, was observed for in-home visiting. Also, there were some indications that families were obtaining services more rapidly than before.

5.2 Review of the Case Tracking Methodology

The MSCA or case tracking approach has much to recommend it. Ideally,

- It allows communities to systematically examine case handling and outcomes of child abuse and neglect cases across agencies and determine how well procedures and outcomes at each stage match community or agency objectives and standards.
- It helps communities assess whether reforms in policies, practices and procedures, service enhancements, and other changes—implemented through programs like SK/SS—are having their intended effects.

In short, a well-implemented MSCA can help communities get beyond their reliance on anecdotal information, which can be misleading, and agency-specific reports, which typically reflect the needs and concerns of the originating agency, rather than those of the broader community.

The process of conducting an MSCA can also convey some other benefits to communities that invest in such an effort. At a minimum, it can stimulate a dialogue about what aspects of system performance and outcomes should be measured and assessed. It can also sensitize local decisionmakers to the limitations of their current data systems—including the difficulties of following a case from one agency to another and the existence of information gaps, whether arising from shortcomings in file handling and data entry or the basic design of the system itself.

These positive aspects of the approach are offset by several drawbacks. First, case tracking is expensive. For the baseline studies, all sites found that the initial budgets developed for the study seriously underestimated the cost of doing the work. National evaluators made the same error. Agency files were often extensive, present many unique scenarios, and pose a challenge even for well-trained staff. While it is often desirable to use data collectors already familiar with the files, their time is never free. Even if they are not paid (and all Westat's data

collectors were), they must carve out time from their regular responsibilities—which often prolongs the data collection process. And the time requirements go far beyond the data collectors, to supervisors, senior agency personnel, and others who participate in planning the effort, troubleshooting agency-level obstacles, and reviewing the research team's work. During the process evaluation, we noted that participants in the original MSCA studies were sometimes discouraged by the whole experience, but primarily by the length of time it took to get any results. No wonder. As researchers, we were probably more experienced than community stakeholders and participants at judging the likely timeframe for case tracking efforts, but even we were surprised at how long it took.

A second drawback of the MSCA approach as implemented is that it does not adequately control for the differing windows of observation between earlier and later target periods—or a pre-project and post-project time period. It seems likely that in most situations, there will be more time to track cases from the early samples than from the later or "post-project" samples. This limited window of observation for the later period can affect findings about permanency and other case outcomes. It certainly affected some of our findings. One solution is to collect information only for a fixed period. We did that for recidivism data in Burlington—collecting all new reports within 6 months after the petition, for example. This entire problem could be avoided through a more elaborate data collection system (containing dates for all key events) and a more complex analysis. However, this would further raise the costs of the MSCA.

A third drawback, specific to the current study, is the difficulty of replicating studies done by local evaluators—particularly when resources (both local and national) and time are limited and when local interest in the research findings may have waned. A further problem was that MSCA reports on the earlier studies were still not available when we agreed to undertake the effort. Thus, we recognized some limitations to our research strategy at the outset, but were overly optimistic. Once we began, additional problems presented themselves in Kansas City and Huntsville—in the former, the fact that data on both years and both target and comparison samples had been combined and in the latter, the inability to replicate the baseline MDT sample. Our experience in Vermont was comparatively trouble-free, however, and enhanced by close coordination with the SK/SS project, its local evaluator, and its MSCA partner, the Family Court.

5.3 Recommendations

Despite the problems encountered, we continue to believe the case tracking approach holds promise for communities working to reduce child abuse and neglect and improve other aspects of child and family well-being. Several lessons arise from our experience:

- Where the opportunity presents itself, local and national evaluators can work effectively to carry out a case tracking study. However, the partnership should be forged early, preferably so that both partners contribute to the original design and analysis plan.
- In general, outcome evaluation efforts like this one need to be developed and funded earlier. Undertaking the current study when our other evaluation efforts were mostly complete made it harder to gain local support for the study and deprived of us chances to piggyback MSCA business onto site visits for other evaluation purposes.
- Given the expense, many communities are likely to undertake case tracking studies like these only occasionally. However, communities should explore whether some case tracking data could be collected on an ongoing basis. Some data might be routinely extracted from electronic files. Other items, generally found only in paper files, might be regularly captured on a summary form, at the time a case is closed, for example.⁴
- Finally, communities might consider two modifications to the sampling procedures used in our studies and their predecessors. First, in all three SK/SS sites, the samples all focused on more serious types of abuse—sexual abuse in Kansas City, opened cases in Huntsville, and cases ending up in court in Burlington. Study designers should carefully consider whether it would be desirable to include a broader range of cases. Second, if cases are drawn toward the "front end" of the child protection system, as they were in Kansas City and Huntsville, it is quite likely that many of the cases will never move beyond the originating agency. With a small sample, this may mean that only a handful of cases make it to court—too few to support any conclusions. Communities might consider drawing two samples, therefore—a "front end" sample from the child protective services, for example, and a "back end" sample from the court system.

One final point seems warranted. If a case tracking study is intended to evaluate the effects of particular system changes, study planners need to make some explicit judgments about

⁴ In the conclusion to his report, Dr. Steele encouraged Huntsville to track case outcomes (MDT, DHR, District Court, and Circuit Court) on an ongoing basis to minimize the distortion caused by the limited time window of the "post" analysis. See Steele, *op. cit.*, 2004, p. 187.

when the changes are expected to be felt. There is often a lag between the adoption of a new policy and getting the procedures, training, and other resources in place to support the change. Developing a realistic timeline for change should help schedule the research and reduce the frustrations of those working on the reform.

Appendix A

Data Collection Forms for Kansas City, MO

PERSON ROSTER

(List P's first, then V's, C's, M's, F's, and O's)

Finalize answers inside double lines only after case is entirely completed.

Person Code	Person #	First Name	Last Initial	Sex	Date of birth (MM / DD / YY)	Age (if no dob)	Race/ Ethn.
					/ /		
					/ /		
					/ /		
					/ /		
					/ /		
					/ /		
					/ /		
					/ /		
					/ /		

Relationship among involved persons: List all persons from above roster across the columns AND down the rows of the following table. Enter relationship codes in the cells. Circle the relationship code for persons who live together.

Person A: →									
Person B: ↓									

Relationship Codes

“Child of” codes-

- C1 A is *natural child* of B
- C2 A is *stepchild* of B
- C3 A is *foster child* of B
- C4 A is *adopted child* of B
- C5 A is *grandchild* of B
- C6 A is *niece/nephew* of B

“Parent of” codes-

- P1 A is *natural parent* of B
- P2 A is *stepparent* of B
- P3 A is *foster parent* of B
- P4 A is *adoptive parent* of B
- P5 A is *grandparent* of B
- P6 A is *aunt/uncle* of B

Other relationships-

- X1 A is *spouse* of B
- X2 A is *boyfriend/girlfriend* of B
- X3 A is *friend* of B
- X4 A is *not relative/caregiver* to B
- X5 A is *other relation* to B
(Specify _____)

Section II: Perpetrator/Maltreatment Tables

Complete this section only for DFS investigations that result in a probable cause determination. Beginning with the perpetrator classified as P1, complete the following table(s). Code each type of maltreatment committed by each perpetrator in a separate table. Use as many additional pages as needed. After completing data collection at all agencies, indicate here the number of completed Perpetrator-Type of Maltreatment tables that will follow: _____

<p>P/M Table No._____</p> <p>1.a. Perpetrator coded as P _____ b. First name:_____</p> <p>2.a. Committed/permitted maltreatment type: b. _____ (circle one) (Use A codes) Causing harm</p> <p>3. Involving victim(s): On date(s) (B codes)</p> <p>a. V _____ First name:_____</p> <p>b. V _____ First name:_____</p> <p>c. V _____ First name:_____</p> <p>d. V _____ First name:_____</p> <p>e. V _____ First name:_____</p>	<p>Match Result(s) (Verify or note discrepancies)</p> <p>Type_____</p> <p>_____</p> <p>_____</p> <p>Date(s)_____</p> <p>_____</p> <p>Harm_____</p> <p>_____</p>
<p>P/M Table No._____</p> <p>1.a. Perpetrator coded as P _____ b. First name:_____</p> <p>2.a. Committed/permitted maltreatment type: b. _____ (circle one) (Use A codes) Causing harm</p> <p>3. Involving victim(s): On date(s) (B codes)</p> <p>a. V _____ First name:_____</p> <p>b. V _____ First name:_____</p> <p>c. V _____ First name:_____</p> <p>d. V _____ First name:_____</p> <p>e. V _____ First name:_____</p>	<p>Match Result(s) (Verify or note discrepancies)</p> <p>Type_____</p> <p>_____</p> <p>_____</p> <p>Date(s)_____</p> <p>_____</p> <p>Harm_____</p> <p>_____</p>
<p>P/M Table No._____</p> <p>1.a. Perpetrator coded as P _____ b. First name:_____</p> <p>2.a. Committed/permitted maltreatment type: b. _____ (circle one) (Use A codes) Causing harm</p> <p>3. Involving victim(s): On date(s) (B codes)</p> <p>a. V _____ First name:_____</p> <p>b. V _____ First name:_____</p> <p>c. V _____ First name:_____</p> <p>d. V _____ First name:_____</p> <p>e. V _____ First name:_____</p>	<p>Match Result(s) (Verify or note discrepancies)</p> <p>Type_____</p> <p>_____</p> <p>_____</p> <p>Date(s)_____</p> <p>_____</p> <p>Harm_____</p> <p>_____</p>

<p>P/M Table No. _____</p> <p>1.a. Perpetrator coded as P _____ b. First name: _____</p> <p>2.a. Committed/permitted maltreatment type: b. _____ (circle one) (Use A codes) Causing harm</p> <p>3. Involving victim(s): On date(s) (B codes)</p> <p>a. V _____ First name: _____ _____ _____</p> <p>b. V _____ First name: _____ _____ _____</p> <p>c. V _____ First name: _____ _____ _____</p> <p>d. V _____ First name: _____ _____ _____</p> <p>e. V _____ First name: _____ _____ _____</p>	<p style="text-align: center;">Match Result(s)</p> <p>(Verify or note discrepancies)</p> <p>Type _____</p> <p>_____</p> <p>_____</p> <p>Date(s) _____</p> <p>_____</p> <p>_____</p> <p>Harm _____</p> <p>_____</p> <p>_____</p>
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<p>P/M Table No. _____</p> <p>1.a. Perpetrator coded as P _____ b. First name: _____</p> <p>2.a. Committed/permitted maltreatment type: b. _____ (circle one) (Use A codes) Causing harm</p> <p>3. Involving victim(s): On date(s) (B codes)</p> <p>a. V _____ First name: _____ _____ _____</p> <p>b. V _____ First name: _____ _____ _____</p> <p>c. V _____ First name: _____ _____ _____</p> <p>d. V _____ First name: _____ _____ _____</p> <p>e. V _____ First name: _____ _____ _____</p>	<p style="text-align: center;">Match Result(s)</p> <p>(Verify or note discrepancies)</p> <p>Type _____</p> <p>_____</p> <p>_____</p> <p>Date(s) _____</p> <p>_____</p> <p>_____</p> <p>Harm _____</p> <p>_____</p> <p>_____</p>
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<p>P/M Table No. _____</p> <p>1.a. Perpetrator coded as P _____ b. First name: _____</p> <p>2.a. Committed/permitted maltreatment type: b. _____ (circle one) (Use A codes) Causing harm</p> <p>3. Involving victim(s): On date(s) (B codes)</p> <p>a. V _____ First name: _____ _____ _____</p> <p>b. V _____ First name: _____ _____ _____</p> <p>c. V _____ First name: _____ _____ _____</p> <p>d. V _____ First name: _____ _____ _____</p> <p>e. V _____ First name: _____ _____ _____</p>	<p style="text-align: center;">Match Result(s)</p> <p>(Verify or note discrepancies)</p> <p>Type _____</p> <p>_____</p> <p>_____</p> <p>Date(s) _____</p> <p>_____</p> <p>_____</p> <p>Harm _____</p> <p>_____</p> <p>_____</p>
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Section III: Background Information

1. Is there any information pertaining to the parents' employment status at the time of the maltreatment event/allegation?

<u>a. Mother</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Employed.....	1	1	1	1
Unemployed.....	2	2	2	2
Disabled.....	3	3	3	3
Retired.....	4	4	4	4
Other (SPECIFY:_____)	5	5	5	5
No specific information.....	6	6	6	6

<u>b. Father</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Employed.....	1	1	1	1
Unemployed.....	2	2	2	2
Disabled.....	3	3	3	3
Retired.....	4	4	4	4
Other (SPECIFY:_____)	5	5	5	5
No specific information.....	6	6	6	6

2. Is there any information pertaining to the income level or financial circumstances of the victim(s)' family? (CIRCLE ALL THAT APPLY)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
a. Medicaid eligible	01	01	01	01
b. Receive TANF	02	02	02	02
c. Receive WIC	03	03	03	03
d. Receive food stamps.....	04	04	04	04
e. Receive housing assistance	05	05	05	05
f. Receive State income maintenance.	06	06	06	06
g. Homeless	07	07	07	07
h. Other (SPECIFY:_____)	08	08	08	08
j. No specific information	96	96	96	96

3. For each victim, indicate his/her living situation at the time of the maltreatment event/allegation (N.B. Legal parents include only natural, step, or adoptive parents).

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Victim lives with two legal parents	1	1	1	1
Victim lives with only his/her legal mother	2	2	2	2
Victim lives with only his/her legal father	3	3	3	3
Victim lives with <u>no</u> legal parent (SPECIFY: _____) ..	4	4	4	4
No specific information.....	6	6	6	6

4. Does the record indicate that the victim(s) in this case had any of the following problems at the time of the maltreatment event/allegation? (CIRCLE ALL THAT APPLY)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
a. Substance abuse	01	01	01	01
b. Mental illness.....	02	02	02	02
c. Special education.....	03	03	03	03
d. Runaway	04	04	04	04
e. Behavior problems.....	05	05	05	05
f. Sexual acting out.....	06	06	06	06
g. School discipline issues/truancy.....	07	07	07	07
h. Delinquency	08	08	08	08
i. Other (Specify:_____)	09	09	09	09
j. No specific information	96	96	96	96

5. a. Prior to the current maltreatment event/allegation, were there any other allegations of maltreatment concerning the persons involved as victim and/or perpetrator?

- Yes 1
 No 2 **GO TO Q6**
 No specific information 6 **GO TO Q6**

b. Summarize the information in the record concerning prior reports of abuse or neglect that were classified as probable cause.

Report/ referral date (mm/dd/yy)	Perpetrator (use P codes)	Victim (use V codes)	Family Court Involvement (Y/N)	Placed in protective custody (Y/N)

6. Does the record indicate that any perpetrator in this case had an ongoing problem with any of the following? (CIRCLE ALL THAT APPLY)

- a. Alcohol abuse 01
- b. Drug abuse 02
- c. Domestic violence 03
- d. Mental illness 04
- e. Serious physical illness or disability 05
- f. Criminal activity 06
- g. Financial problems 07
- h. Marital/family problems 08
- i. Other problem (SPECIFY: _____) 09
- j. No specific information 96

7. Does the record mention the use of alcohol or drugs during the current incident?

- Yes 1
- No 2
- No specific information 6

8. At the time of the maltreatment event/allegation was any perpetrator acting as caretakers of the victim(s)?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Yes	1	1	1	1
No	2	2	2	2
No specific information...	6	6	6	6

9. At the time of the current incident, was any perpetrator involved in a child custody dispute with the caretaker of any of the involved children?

- Yes 1
- No 2
- No specific information 6

<p>Box 1 If any P/M Table involved sexual abuse codes (21-29), continue with Q10 Otherwise, GO TO END.</p>
--

10. During or after the sexual abuse incident, did any perpetrator of sexual abuse do the following? (CIRCLE ALL THAT APPLY)

- a. Bribe or entice the victim(s) 01
- b. Tell/threaten the victim(s) not to tell about sexual abuse . 02
- c. Verbally threaten the victim(s) 03
- d. Verbally threaten someone else..... 04
- e. Threaten the victim(s) with use of force 05
- f. Threaten someone else with use of force 06
- g. Threaten the victim(s) with use of a weapon..... 07
- h. Threaten someone else with use of a weapon 08
- i. Incapacitate the victim(s) with drugs or alcohol..... 09
- j. Physically overpower/restrain the victim(s) 10
- k. Assault the victim(s) with a weapon 11
- l. Other (Specify:_____) ... 12
- m. No specific information 96

-----END OF MALTREATMENT ABSTRACT -----

CHILDREN'S DIVISION ABSTRACT

1. From which source did this case come to the attention of DFS? (CIRCLE ALL THAT APPLY)

- | | |
|--|----|
| a. DFS employee | 01 |
| b. Police/Sheriff's Office | 02 |
| c. Court Personnel (Juvenile Officer) | 03 |
| d. Prosecuting Attorney's Office..... | 04 |
| e. Other attorney | 05 |
| f. Coroner/Medical Examiner | 06 |
| g. Hospital staff (physician, nurse, or social worker) | 07 |
| h. School personnel (principal, teacher, nurse, counselor) | 08 |
| i. Mental health personnel..... | 09 |
| j. Day care provider..... | 10 |
| k. Private/non-public social services agency staff..... | 11 |
| l. Child/victim (self-referral) | 12 |
| m. Victim's sibling..... | 13 |
| n. Perpetrator (self-referral) | 14 |
| o. Non-perpetrating parent..... | 15 |
| p. Other relative..... | 16 |
| q. Friend/neighbor | 17 |
| r. Anonymous | 18 |
| s. Other (SPECIFY: _____) | 19 |
| t. No specific information..... | 96 |

- 2.
- | | | |
|----|---|----------|
| a. | Date of incident: | _____ |
| | | mm/dd/yy |
| | | |
| b. | Date of report to DFS: | _____ |
| | | mm/dd/yy |
| | | |
| c. | Date of assignment: | _____ |
| | | mm/dd/yy |
| | | |
| d. | Date of first attempted contact with victim/family: | _____ |
| | | mm/dd/yy |
| | | |
| e. | Date of initial contact with victim/family: | _____ |
| | | mm/dd/yy |
| | | |
| f. | Date of initial contact with law enforcement: | _____ |
| | | mm/dd/yy |

3. The response priority of this case was:
- Emergency 1
 Non-emergency..... 2
4. The track of this case was:
- Investigation 1
 Family assessment ... 2 **GO TO Q8**
5. The investigation was completed on: _____
 (date worker signed report) mm/dd/yy
6. a. Was a risk assessment completed for this case?
- Yes..... 1
 No 2 **GO TO Q7**
 DK..... 8 **GO TO Q7**
- b. What was the assessment of risk in this case?
- High 1
 Intermediate .. 2
 Low 3
 None 4
 DK 8
7. What was the investigation finding for this case?
- Court adjudicated 01
 Probable cause 02
 Unsubstantiated, preventive services indicated 03
 Unsubstantiated 04
 Unable to locate 05
 Inappropriate report..... 06
 Located out of state..... 07
 Home schooling 08
 Referral to another agency..... 09
 Other (SPECIFY: _____).. 10
 DK 98

GO TO Q9

8. a. The assessment was completed on: _____
mm/dd/yy

b. The final classification of this case was:

Services needed..... 1
 Services not needed 2
 Family non-cooperative/child safe 3
 Services needed, linked initial 30 days 4
 Services needed, family declined 5
 DK 8

9. For each victim in this case, indicate the following.

a. Medical exam/evaluation: V1 V2 V3 V4
 Yes 1 1 1 1
 No 2 2 2 2
 Not mentioned in record or unknown 8 8 8 8

b. Psychological exam or evaluation: V1 V2 V3 V4
 Yes 1 1 1 1
 No 2 2 2 2
 Not mentioned in record or unknown 8 8 8 8

c. Hospitalization: V1 V2 V3 V4
 Yes 1 1 1 1
 No 2 2 2 2
 Not mentioned in record or unknown 8 8 8 8

d. Photographs: V1 V2 V3 V4
 Yes 1 1 1 1
 No 2 2 2 2
 Not mentioned in record or unknown 8 8 8 8

e. SAFE exam: V1 V2 V3 V4
 Yes 1 1 1 1
 No 2 2 2 2
 Not mentioned in record or unknown 8 8 8 8

h. Interviewed victim: V1 V2 V3 V4
 Yes 1 1 1 1
 No 2 2 2 2
 Not mentioned in record or unknown 8 8 8 8

i.	<u>Interviewed victim with law enforcement:</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
	Yes	1	1	1	1
	No	2	2	2	2
	Not mentioned in record or <u>unknown</u>	8	8	8	8
j.	<u>Interviewed victim with school personnel:</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
	Yes	1	1	1	1
	No	2	2	2	2
	Not mentioned in record or <u>unknown</u>	8	8	8	8
k.	<u>Interviewed other children in family:</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
	Yes	1	1	1	1
	No	2	2	2	2
	Not mentioned in record or <u>unknown</u>	8	8	8	8
l.	<u>Interviewed non-offending parent or primary caretaker:</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
	Yes	1	1	1	1
	No	2	2	2	2
	Not mentioned in record or <u>unknown</u>	8	8	8	8
m.	<u>Interviewed alleged perpetrator:</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
	Yes	1	1	1	1
	No	2	2	2	2
	Not mentioned in record or <u>unknown</u>	8	8	8	8
n.	<u>Interviewed alleged perpetrator with law enforcement:</u>	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
	Yes	1	1	1	1
	No	2	2	2	2
	Not mentioned in record or <u>unknown</u>	8	8	8	8

10. a. Was an emergency placement made during the investigation/assessment?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes	1	1	1	1	
No	2	2	2	2	GO TO Q11
DK	8	8	8	8	GO TO Q11

b. When was the victim placed?

<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
_____	_____	_____	_____
mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy

c. Where was the victim placed?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Foster care	1	1	1	1
Relative care	2	2	2	2
Treatment facility	3	3	3	3
Other placement (SPECIFY:_____)	4	4	4	4
DK	8	8	8	8

d. Who made the initial decision to refer to Court for emergency placement?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
DFS worker	1	1	1	1
Law enforcement.....	2	2	2	2
Family Court	3	3	3	3
Hospital/medical staff	4	4	4	4
Parent or primary caretaker.....	5	5	5	5
Other (SPECIFY:_____)	6	6	6	6
DK	8	8	8	8

11. a. Was the victim placed in out-of-home care as a result of the findings from the investigation/assessment?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes	1	1	1	1	
No	2	2	2	2	GO TO Q12
DK	8	8	8	8	GO TO Q12

- b. When was the victim placed?

<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
_____	_____	_____	_____
mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy

- c. Where was the victim placed?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Foster care	1	1	1	1
Relative care	2	2	2	2
Treatment facility	3	3	3	3
Other placement (SPECIFY:_____)	4	4	4	4
DK	8	8	8	8

12. a. Was the victim referred to the CPC?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes	1	1	1	1	
No	2	2	2	2	GO TO Q13
DK.....	8	8	8	8	GO TO Q13

b. Who was present/observed the CPC interview?
(CIRCLE ALL THAT APPLY)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
CPC worker	1	1	1	1
DFS investigator	2	2	2	2
Law enforcement detective.....	3	3	3	3
Other (SPECIFY:_____)	4	4	4	4
DK.....	8	8	8	8

c. Why was the alleged victim(s) seen at the CPC?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Forensic interview	1	1	1	1
Sexual abuse assessment.....	2	2	2	2
Both	3	3	3	3
Neither	4	4	4	4
DK.....	8	8	8	8

d. When was the CPC interview conducted?

mm/dd/yy

13. Was there any reference in the files to contacts (phone calls, e-mails, interviews) or referrals made with: (CIRCLE ALL THAT APPLY)

Law enforcement.....	02
MDT (Investigative Collaborative)	03
Family Court.....	04
Prosecuting Attorney's Office	05
GAL or CASA	06
Day care centers/preschools.....	07
Elementary/secondary schools	08
Domestic violence programs	09
Treatment providers	10
Prevention programs	11
Other agencies (Specify:_____)	12
No specific information	96

14. What service referrals were made for the victim, non-offending parent, other children in household, or perpetrator?

	Referral made (Y/N)	Date of referral (mm/dd/yy)	Source of referral (Box 1 Codes)	Person referred (Box 1 Codes)	Status of referral (Box 1 Codes)
a. Family counseling					
b. Individual counseling					
c. Substance abuse treatment					
d. Medical treatment					
e. Psychological evaluation					
f. Parenting skills/education					
g. Other (SPECIFY:_____)					
h. Other (SPECIFY:_____)					

Box 1 Codes

Source of referral codes

1=Court Ordered
 2=DFS worker
 3=PAO
 4=Other (Specify)
 8=DK

Person referred codes

V=Victim
 C=Child
 P=Perpetrator
 N=Non-offending parent
 F=Family
 O=Other

Status of referral codes

1=Service received
 2=Service not available in community
 3=Service available, but no spaces open
 4=DFS had insufficient funds to pay for service
 5=Client lacks resources to participate (funds/transp)
 6=Client not eligible for service
 7=Client refused service or did not follow through
 8=Provider did not contact client/caseworker did not refer
 9=Court ordered alternative service
 10=Other (Specify:_____)
 88=DK

15. a. While the investigation/assessment was ongoing, did the alleged perpetrator have access to the victim(s)?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
No access.....	01	01	01	01
Unsupervised access	02	02	02	02
Supervised access by DFS	03	03	03	03
Supervised access by other	04	04	04	04
Therapeutic visitation	05	05	05	05
Telephone contact.....	06	06	06	06
Letters	07	07	07	07
Other (SPECIFY:_____)... 08	08	08	08	08
Not mentioned in record	96	96	96	96

- b. If there was visitation was it:

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Court ordered	1	1	1	1
DFS recommended	2	2	2	2
Other (SPECIFY:_____)..... 3	3	3	3	3
No visitation.....	4	4	4	4
Not mentioned in record	6	6	6	6

16. a. What is the current status of this case in the DFS office?

Closed	1
Open	2

- b. What is the current status of this case?

Case opened and referred to FCS: Voluntary service plan/in-home services.....	01
Case opened and referred to FCS: Court petition filed/involuntary in-home services	02
Case opened and referred to AC: Child in out-of-home care	03
Case closed: no referrals to community services.....	04
Case closed: family referred to community services.....	05
Case closed: services offered and family refused.....	06
Other (SPECIFY:_____)	07
Not mentioned in record.....	96

- c. When did this case close?

mm/dd/yy

d. For each victim, indicate his/her status:

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Living with relative	01	01	01	01
In DFS custody/foster care	02	02	02	02
In emergency (temporary) foster care placement.....	03	03	03	03
In an finalized adoptive placement	04	04	04	04
Adopted	05	05	05	05
Remains at home	06	06	06	06
Living with original perpetrator(s)/parent(s)	07	07	07	07
Discharged to Independent Living	08	08	08	08
Other status	09	09	09	09
(SPECIFY:_____)				
Not mentioned in the record	96	96	96	96

17. After the current incident of maltreatment, were there any other allegations of maltreatment concerning the persons involved as victims and/or perpetrators here?

- Yes, victim(s) 1
- Yes, perpetrator(s) 2
- No 3 **GO TO END**
- DK 8 **GO TO END**

18. Were any of these subsequent allegations classified as probable cause?

- Yes 1
- No 2
- DK 8

-----END OF DFS ABSTRACT-----

FAMILY COURT ABSTRACT

1. a. Who referred this case to the Family Court?

- Division of Family Services investigator 1
- Law enforcement..... 2
- Family Court personnel 3
- Hospital/medical personnel 4
- Parent/primary caretaker..... 5
- Other Source (SPECIFY: _____) 6
- DK 8

b. On what date was this case referred to Family Court?

 mm/dd/yy

c. On what date was the petition filed by Family Court?

 mm/dd/yy

d. On what date was the protective custody hearing?

Emergency	Ongoing
_____	_____
mm/dd/yy	mm/dd/yy

2. a. How many victims are named in this case?

 NUMBER OF VICTIMS

List their V-code #'s (or C code #'s) as given in the Person Roster for this case. [NOTE: IF THERE ARE VICTIMS NAMED IN THIS INDICTMENT WHO ARE NOT LISTED IN THE PERSON ROSTER, STOP HERE AND NOTIFY WESTAT'S HOME OFFICE].

b. What was the custody status of the victim at the time of the protective custody hearing?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
DFS custody, foster care	01	01	01	01
DFS custody, relative care	02	02	02	02
DFS custody, non-relative care	03	03	03	03
DFS custody, parent.....	04	04	04	04
DFS custody, treatment facility.....	05	05	05	05
DFS custody, other.....	06	06	06	06
DFS supervision, relative care	07	07	07	07
DFS supervision, non-relative care	08	08	08	08
DFS supervision, parent.....	09	09	09	09
DFS supervision, other.....	10	10	10	10
DK	88	88	88	88

3. a. When was the case adjudicated?

mm/dd/yy

b. Outcome of adjudication:

Petition sustained by stipulation of the parties	1	
Petition sustained after a hearing on the evidence ..	2	
Petition dismissed	3	GO TO Q4
DK	8	GO TO Q4

c. What allegations were sustained?

Sexual abuse by parent.....	01
Sexual abuse by other and parent failure to protect.....	02
Physical abuse	03
Emotional abuse.....	04
Neglect—medical neglect.....	05
Neglect—unsanitary/unhealthy environment.....	06
Neglect—lack of support	07
Neglect—abandonment.....	08
Neglect—educational	09
Other (SPECIFY: _____).....	10
DK	88

4. a. What is the current status of this case in Family Court?

Closed 1
 Open..... 2 **GO TO Q5**

b. When did the case close?

 mm/dd/yy

c. What was the reason for case closure?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Returned to parents custody	1	1	1	1
Referred to independent living	2	2	2	2
Adopted	3	3	3	3
Guardianship	4	4	4	4
Other status (SPECIFY: _____)	5	5	5	5
DK	8	8	8	8

GO TO Q6

5. For each victim indicate his/her current placement or status:

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Living with relative	01	01	01	01
In DFS custody/foster care placement	02	02	02	02
In emergency (temporary) foster care placement	03	03	03	03
In an adoptive placement (prefinalization)	04	04	04	04
In a finalized adoptive placement	05	05	05	05
Living with perpetrator(s)/parent(s)	06	06	06	06
Living with non-perpetrator(s)/parent(s)	07	07	07	07
Placed in Independent Living	08	08	08	08
Referred for guardianship	09	09	09	09
Referred for termination of parental rights	10	10	10	10
Other placement or status (SPECIFY: _____) ...	11	11	11	11
DK	88	88	88	88

6. a. Was a guardian *ad litem* for the victim appointed?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes	1	1	1	1	
No.....	2	2	2	2	GO TO Q7
DK	8	8	8	8	GO TO Q7

b. Were any reports filed by the guardian ad litem?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Yes	1	1	1	1
No.....	2	2	2	2
DK	8	8	8	8

7. a. Was a Court Appointed Special Advocate (CASA) for the victim appointed?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes	1	1	1	1	
No.....	2	2	2	2	GO TO Q8
DK	8	8	8	8	GO TO Q8

b. Were any reports filed by the CASA?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Yes	1	1	1	1
No.....	2	2	2	2
DK	8	8	8	8

8. Were any of the following petitions or motions filed in this case? (CIRCLE ALL THAT APPLY)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
a. Removal of child from home.....	01	01	01	01
b. Termination of parental rights.....	02	02	02	02
c. Court-ordered services for victim.....	03	03	03	03
d. Court-ordered services for perpetrator	04	04	04	04
e. Court-order for supervised visitation.....	05	05	05	05
f. Court-order for unsupervised visitation.....	06	06	06	06
g. Court order for no contact with victim	07	07	07	07
h. Other (SPECIFY:_____)	08	08	08	08
i. Not mentioned in record	96	96	96	96

9. Does the court order include a permanency goal?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Yes, goal of reunification.....	1	1	1	1
Yes, goal of termination of parental rights.....	2	2	2	2
Yes, goal of adoption	3	3	3	3
Yes, goal of guardianship.....	4	4	4	4
Yes, other goal (SPECIFY: _____)	5	5	5	5
No.....	6	6	6	6
Not mentioned in record.....	8	8	8	8

10. a. Is there any evidence of prior or current charges against any defendant?

Yes1
 No2 **GO TO Q11**

b. Describe all charges and outcomes. Also provide date(s) when case(s) were disposed of:

Action/Charges	Perpetrator Code from Person Roster	Disposition	Date of Disposition

11. a. Is there any evidence of prior court involvement on behalf of the victims or other children in the household?

Yes 1
 No 2 **GO TO END**

- b. Describe all involvement and outcomes. Also provide date(s) when court terminated supervision:

Involvement	Victim Code from Person Roster	Disposition	Date of Disposition

12. Was there any reference in the files to contacts (phone calls, e-mails, interviews) or referrals made with: (CIRCLE ALL THAT APPLY)

- Division of Family Services 01
- Law enforcement..... 02
- MDT (Investigative Collaborative) 03
- Prosecuting Attorney's Office 05
- GAL or CASA 06
- Day care centers/preschools..... 07
- Elementary/secondary schools 08
- Domestic violence programs 09
- Treatment providers 10
- Prevention programs 11
- Other agencies (Specify: _____) 12
- No specific information 96

-----END OF FAMILY COURT ABSTRACT-----

c. What were the charges?

Code	Description of charges	Counts	Degree	F/M/DK

GO TO Q7

6. Why were charges not filed?

- Child disclosed but deemed not competent to testify 1
- Insufficient evidence or information.....2
- Victim refused to testify3
- Abuse unsubstantiated or unfounded.....4
- Family chose not to pursue5
- Other6
- DK8

7. Before the current incident, had the perpetrator ever been arrested?

- Yes1
- No2 **GO TO Q9**
- DK8 **GO TO Q9**

9. Was there any information in the file about the perpetrator's past abuse of children (i.e., prior to the current incident)?

- Yes, this child 1
- Yes, other children in family..... 2
- Yes, other children 3
- No 4
- DK 8

10. What was the status of the perpetrator within the criminal justice system at the time of this offense?

- On probation..... 1
- On parole..... 2
- Escapee 3
- Warrant issued 4
- Other (SPECIFY: _____) 5
- No involvement..... 6
- DK 8

11. a. Was the victim referred to the CPC?

- Yes..... 1
- No..... 2 **GO TO Q12**
- DK..... 8 **GO TO Q12**

b. Who was present/observed the CPC interview?
(CIRCLE ALL THAT APPLY)

- CPC worker..... 1
- DFS investigator..... 2
- Law enforcement detective..... 3
- Other (SPECIFY: _____) 4
- DK..... 8

c. Why was the alleged victim(s) seen at the CPC?

- Forensic interview 1
- Sexual abuse assessment 2
- Both 3
- Neither 4
- DK..... 8

d. When was the CPC interview conducted?

mm/dd/yy

12. a. Was the victim removed from the home or placed in protective custody as a result of the current incident?

- Yes..... 1
- No 2 **GO TO Q13**
- DK..... 8 **GO TO Q13**

b. Who removed the child?

- Law enforcement 1
- DFS..... 2
- Both 3
- Other 4
- DK..... 8

c. On what date was the victim removed from the home or placed in protective custody?

MM/DD/YY

d. Where was the victim taken?

- Neighbor 1
- Relative 2
- Foster Home 3
- Treatment facility 4
- Hospital 5
- Other (SPECIFY: _____) 6
- DK..... 8

13. Was there any reference in the files to contacts (phone calls, e-mails, interviews) or referrals made with: (CIRCLE ALL THAT APPLY)

- Division of Family Services 01
- MDT (Investigative Collaborative) 03
- Family Court 04
- Prosecuting Attorney's Office 05
- GAL or CASA 06
- Day care centers/preschools 07
- Elementary/secondary schools 08
- Domestic violence programs 09
- Treatment providers 10
- Prevention programs 11
- Other agencies (Specify: _____) 12
- No specific information 96

14. Was this case cross-reported to DFS?

- Case cross reported by phone 1 When? _____
- Case cross reported by paper report 2 When? _____
- Case referred to law enforcement by DFS 3 mm/dd/yy
- No documentation found that case was cross reported 4

-----END OF KCPD ABSTRACT-----

3. a. Date charges filed: _____/_____/_____
MONTH DAY YEAR

b. Charges:

Description	Code	Counts	Original Degree	Closing Degree	Outcome (see codes below)

Outcome codes:
1 Guilty by jury
2 Not guilty by jury
3 Hung jury
4 Case still pending
5 Guilty plea
6 Dismissal
7 Other

4. a. Was the alleged perpetrator placed into custody?

Yes 1
No 2 **GO TO Q5**
DK 8 **GO TO Q5**

b. Did the alleged perpetrator remain in custody until disposition of the criminal proceedings?

Yes 1
No 2
DK 8

5. a. How was case decided?

- Negotiated plea bargain 1
- Jury or court trial.....2
- Plea up to court with pre-sentence intervention 3
- Pre-trial intervention4
- Dismissal5
- Case still pending6
- Other (SPECIFY: _____)..... 7
- DK 8

GO TO Q6
GO TO Q7

b. Date of disposition

MM/DD/YY

c. Sentence (Circle all that apply):

- Jail 1 → Length of time: _____
- Prison 2 → Length of time: _____
- Probation 3 → Length of time: _____
- Other 4
(SPECIFY: _____)
- DK 8

d. Were there any court orders in this case? (CIRCLE ALL THAT APPLY)

- Treatment for perpetrator 01
- No contact with victim..... 02
- Treatment for juvenile perpetrator 03
- No contact with minors 04
- Treatment for victim..... 05
- Domestic violence related court orders 06
- Drug treatment 07
- Psychiatric evaluation..... 08
- Supervised visitation 09
- Other (SPECIFY: _____)..... 10
- DK 98

e. Was sentencing based on charges combined from another offense?

- Yes 1
- No 2 **GO TO Q7**
- DK 8 **GO TO Q7**

h. Please specify the other offenses.

GO TO Q7

6. Why was the case dismissed?

7. If the perpetrator was a juvenile (less than 18 at time of offense), was the defendant referred to adult court?

- Yes 1
- No 2
- Not applicable 3
- DK 8

8. How many defendants comprised this case? (Make sure a separate PAO Abstract is completed for each perpetrator.)

NUMBER OF DEFENDANTS

- DK 8

9. a. Were other possible offenders involved in the incident?

- Yes 1
- No 2 **GO TO Q10**
- DK 8 **GO TO Q10**

b. How many?

c. Did the prosecuting attorney file cases on any of the other perpetrators?

- Yes 1 PAO Case #'s: _____
- No 2
- DK 8

10. Was there any reference in the files to contacts (phone calls, e-mails, interviews) or referrals made with: (CIRCLE ALL THAT APPLY)

- Division of Family Services 01
- Law enforcement..... 02
- MDT (Investigative Collaborative) 03
- Family Court..... 04
- GAL or CASA 06
- Day care centers/preschools..... 07
- Elementary/secondary schools 08
- Domestic violence programs 09
- Treatment providers 10
- Prevention programs 11
- Other agencies (Specify:_____)..... 12
- No specific information 96

11. Was any victim interviewed by the prosecutor prior to filing?

- Yes 1
- No..... 2
- DK 8

12. Was any victim deposed by the prosecutor after the case was filed?

- Yes 1
- No..... 2
- DK 8

13. Did the defendant have any previous convictions?

- Yes 1
- No..... 2 **GO TO Q15**
- DK 8 **GO TO Q15**

15. a. Was there any information in the file about the perpetrator's past abuse of children (i.e., prior to the current incident)?

- Yes, this child 1
- Yes, other children 2
- No 3 **GO TO END**
- DK 8 **GO TO END**

b. Please describe the past abuse

-----END OF PAO ABSTRACT-----

Appendix B

Data Collection Forms for Huntsville, AL

Westat Case ID #

COMMUNITY SYSTEMS TRACKING OF CHILD ABUSE CASES

CASE WORKBOOK

B-1

Abstract Sections	Status (Use codes)	Within-Agency Case #'s (enter all that apply –see procedures guide)	Date Completed (MM / DD / YY)	# of Perpetrators	# of Victims	Abstractor's Initials	Is case still open in agency?
DHR Investigations (CPS)							
Intake Assessment			/ /				
Checklist for Setting Priorities			/ /				
Report of Suspected CAN			/ /				
Investigation Interview Record			/ /				
Medical Interview			/ /				
Basic Social Service Plan			/ /				
Family Contact Log			/ /				
Safety Plan			/ /				
Safe Case Closure Review			/ /				
District Court (D-CRT)			/ /				

Status Codes	
0	= No candidate match found
1	= Unlikely match, w/ major substantive discrepancies
2	= Possible match, w/ moderate substantive discrepancies
3	= Highly probable match, w/ predominant similarities discrepancies
4	= Definite match, w/ very minor discrepancies
5	= File not found (Contact Westat)

Relationship among involved persons: List all persons from above roster across the columns AND down the rows of the following table. Enter relationship codes in the cells. Circle the relationship code for persons who live together.

Person A: →									
Person B: ↓									

B-2

Relationship Codes

“Child of” codes-

- C1 A is *natural child* of B
- C2 A is *stepchild* of B
- C3 A is *foster child* of B
- C4 A is *adopted child* of B
- C5 A is *grandchild* of B
- C6 A is *niece/nephew* of B

“Parent of” codes-

- P1 A is *natural parent* of B
- P2 A is *stepparent* of B
- P3 A is *foster parent* of B
- P4 A is *adoptive parent* of B
- P5 A is *grandparent* of B
- P6 A is *aunt/uncle* of B

Other relationships-

- X1 A is *spouse* of B
- X2 A is *paramour* of B
- X3 A is *friend* of B
- X4 A is *caregiver* to B
- X5 A is *other relation* to B
(Specify _____)
- X6 A is *unknown relationship* to B

2.b. Indicate any harm documented in the record for the each verified victim in this case.
(Circle all that apply.)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
None	01	01	01	01
Fatal	02	02	02	02
Skull fracture, brain or spinal damage	03	03	03	03
Asphyxiation/loss of consciousness	04	04	04	04
Bone fracture	05	05	05	05
Internal injuries	06	06	06	06
Severe bruises, welts, cuts, or lacerations	07	07	07	07
Serious burns or scalds	08	08	08	08
Failure to thrive	09	09	09	09
Malnutrition	10	10	10	10
Dislocation or sprain	11	11	11	11
Minor bruises, cuts, or abrasions	12	12	12	12
Minor burns, scalds, or bruises	13	13	13	13
Other physical injury or condition	14	14	14	14
(Specify _____)				
Serious or long-term emontial or behavioral disorder	15	15	15	15
Other mental or emotional injury or condition	16	16	16	16
(Specify _____)				
Not indicated in the record.....	99	99	99	99

3. If the answer to Question 2a is 2=Sexual Abuse, was force or coercion used to inflict any sexual abuse in this case? Specifically, did any perpetrator of sexual abuse.... (Circle all that apply.)

a. Bribe or entice	01
b. Tell /threaten child not to tell about sex abuse.....	02
c. Verbally threaten the child	03
d. Verbally threaten someone else.....	04
e. Threaten the child with use of force	05
f. Threaten someone else with use of force	06
g. Threaten the child with use of a weapon.....	07
h. Threaten someone else with use of a weapon	08
i. Incapacitate the child with drugs or alcohol.....	09
j. Physically overpower/restrain the child	10
k. Assault the child with a weapon.....	11
l. Other (Specify _____)...	12
m. No information on force in record.....	99

Section II: Background and Circumstance Characteristics

1. Is there any information pertaining to non-offending parents at time of maltreatment allegations?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Substance abuse.....	01	01	01	01
Mental illness (e.g. developmental delay, ADD, ADHD).....	02	02	02	02
Physically Disabled.....	03	03	03	03
Domestic violence.....	04	04	04	04
Criminal activity (arrested/incarcerated).....	05	05	05	05
Employed.....	06	06	06	06
Unemployed.....	07	07	07	07
Retired.....	08	08	08	08
Other (Specify_____)	09	09	09	09
No specific information provided.....	99	99	99	99

2. Is there any information pertaining to the income level or financial circumstances of the victim(s)' family? (Circle all that apply.)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Medicaid eligible.....	01	01	01	01
Receive TANF funds.....	02	02	02	02
Receive WIC.....	03	03	03	03
Receive Food Stamps (FS).....	04	04	04	04
Housing Assistance.....	05	05	05	05
State Economic Assistance.....	06	06	06	06
Homeless.....	07	07	07	07
Transportation.....	08	08	08	08
Child Support.....	09	09	09	09
Other (Specify_____)	10	10	10	10
No specific information provided.....	99	99	99	99

3. Does any record indicate any of the following victim characteristics? (Circle all that apply)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Substance abuse.....	01	01	01	01
Mental illness (e.g. developmental delay, ADD, ADHD).....	02	02	02	02
Special education (IEP, early intervention).....	03	03	03	03
Runaway.....	04	04	04	04
Behavior problems.....	05	05	05	05
Sexual acting out.....	06	06	06	06
School discipline issues/truancy.....	07	07	07	07
Delinquent.....	08	08	08	08
Other (Specify_____)	09	09	09	09
No specific information provided.....	99	99	99	99

4. a. Prior to the current maltreatment event/allegation, were there any other allegations of maltreatment concerning the persons involved as victim and/or perpetrator?

Yes 1
 No 2 GO TO Q5
 No specific information9 GO TO Q5

- b. Summarize the information in the record concerning prior allegations of maltreatment.

Report/ Referral Date	Individual involved Perpetrator or Victim (use P/V codes)	Type of Abuse 1=Physical 2=Sexual 3=Neglect 4=Other 8=Don't know)	Findings 1=Indicated 2=Suspect 8=Don't know	District Court involvement 1 = Yes 2 = No 8 = Don't know	Placed in protective custody 1 = Yes 2 = No 8 = Don't know

5. Did DHR records mention the use of alcohol or drugs during the current incident?

Yes..... 1
 No..... 2
 Information not in record 9

6. Do DHR or District Court records indicate that any perpetrator in this case had an ongoing problem with any of the following? (Circle all that apply.)

	<u>P1</u>	<u>P2</u>	<u>P3</u>	<u>P4</u>
a. Substance abuse.....	01	01	01	01
b. Unemployed	02	02	02	02
c. Domestic violence	03	03	03	03
d. Mental illness	04	04	04	04
e. Serious physicl illness/disability	05	05	05	05
f. Criminal activity (arrests/incarceration).....	06	06	06	06
g. Financial problems	07	07	07	07
h. Marital/family problems.....	08	08	08	08
i. Other problems (Specify _____)	09	09	09	09
j. No problems specified.....	99	99	99	99

7. Indicate the relationship of the perpetrator (s) to the victim.

	<u>P1</u>	<u>P2</u>	<u>P3</u>	<u>P4</u>
Parent	01	01	01	01
Step-parent	02	02	02	02
Foster Parent	03	03	03	03
Parent's Paramour.....	04	04	04	04
Sibling.....	05	05	05	05
Other relative (Specify _____) .	06	06	06	06
Neighbor/parents's friend	07	07	07	07
Child's friend.....	08	08	08	08
Youth's boy/girlfriend	09	09	09	09
Stranger.....	10	10	10	10
Other (Specify _____)	11	11	11	11
Unknown perpetrator	12	12	12	12
Not indicated in record	99	99	99	99

8. Did the perpetrator(s) live in the victim(s) home?

	<u>P1</u>	<u>P2</u>	<u>P3</u>	<u>P4</u>
Yes	1	1	1	1
No	2	2	2	2
Not indicated.....	9	9	9	9

9. At the time of the current incident was any perpetrator acting as caretakers of the victim(s) at the time of the offense?

Yes.....	1
No.....	2
Information not in record	9

10. At the time of the current incident, was any perpetrator involved in a child custody dispute concerning the caretaker of any of the involved children?

Yes	1
No	2
No information in record	9

-----END OF MALTREATMENT ABSTRACT -----

Coding Sheet for Section 2, Question 4

1. a. Is there any evidence of **prior** or current maltreatment allegations or charges (other than the offense sampled) against any defendant?

Yes1
 No2 GO TO Q2

- b. Describe all **prior** charges and outcomes. Also provide date(s) when case(s) were disposed of:

Type of Abuse/ Need for Services	Abuse codes	Person Code from Person Roster	Disposition 1=Indicated 2=Suspected 3=Not indicated	Date of Disposition

2. a. Is there any evidence of **prior** court involvement on behalf of the victims or other children in household?

Yes1
 No2 END

- b. Describe all **prior** court involvement (and, using Person Roster codes, specify which victims if more than 1 were involved). Also provide date(s) when court terminated supervision:

Action/Charges (Custody, protective supervision, services)	Court Codes	Person Code from Person Roster	Finding	Finding Codes	Date of Finding

DHR ABSTRACT

1. From which **source** did this case come to the attention of DHR?
- a. DHR employee 01
 - b. Police/Sheriff's Office..... 02
 - c. Court Personnel 03
 - d. District Attorney's Office 04
 - e. Other attorney 05

 - f. Coroner/Medical Examiner 06
 - g. Hospital personnel (physician, nurse, or social worker)..... 07
 - h. School personnel (principal, teacher, nurse, counselor) 08
 - i. Mental health personnel 09
 - j. Day Care Provider 10

 - k. Private/non-public social services agency staff 11
 - l. Child/victim (self-referral)..... 12
 - m. Victim's sibling 13
 - n. Perpetrator (self-referral) 14
 - o. Non-perpetrating parent..... 15

 - p. Other relative 16
 - q. Friend/neighbor 17
 - r. Anonymous..... 18
 - s. Other (Specify _____) 19
 - t. Source not in record..... 97

2. a. Date of incident (mm/dd/yy): _____
- b. Date of report to DHR (mm/dd/yy): _____
- c. Date of first contact with victim/family (mm/dd/yy): _____

3. a. Was report investigated?
- Yes 1
 - No 2
- b. Was the case cross reported to police?
- Yes 1
 - No 2
 - No, case initially referred by police 3
 - Not in record 7

c. The final classification of this case was:

Indicated	1
Not Indicated	2
Reason to suspect	3
Unable to complete investigation	4
Alleged perpetrator under 12	5
Other (Specify _____)	6
Unable to determine	7

4. a. Was child(ren) removed during the investigation?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes	1	1	1	1	
No	2	2	2	2	GO TO Q5
DK	8	8	8	8	GO TO Q5

b. When was the victim placed (mm/dd/yy):

<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
___/___/___	___/___/___	___/___/___	___/___/___

c. Where was the victim initially placed?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Foster care	1	1	1	1
Relative care	2	2	2	2
Treatment facility/shelter care	3	3	3	3
Other placement	4	4	4	4
(Specify : _____)				
DK.....	8	8	8	8

5. a. Did the placement change after the investigation?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes	1	1	1	1	
No	2	2	2	2	GO TO Q6
DK	8	8	8	8	GO TO Q6

b. What was the most recent date for placement change (mm/dd/yy)?

<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
___/___/___	___/___/___	___/___/___	___/___/___

c. Where was the victim placed at that time?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Foster care	1	1	1	1
Relative care	2	2	2	2
Treatment facility/shelter care	3	3	3	3
Other placement	4	4	4	4
(Specify: _____)				
Return home.....	5	5	5	5
DK.....	8	8	8	8

6. a. Does the record show who conducted/observed the victim interview? (Circle all that apply)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Forensic therapist (NCAC)	1	1	1	1
DHR Protective Investigator (PI)	2	2	2	2
Law Enforcement Investigator	3	3	3	3
Assistant DA	4	4	4	4
Other (Specify _____)	5	5	5	5
Not mentioned in the record	7	7	7	7

- b. Does the record indicate where these interviews were conducted? (Circle all that apply.)

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Little House/NCAC	1	1	1	1
Police station.....	2	2	2	2
In home	3	3	3	3
Other (Specify _____) ..	4	4	4	4
Not mentioned in the record	7	7	7	7

- c. When was the **first** interview conducted (mm/dd/yy): ____ / ____ / ____

- d. How many interviews were conducted? _____

7. Was there any reference in the files to contacts (phone calls, e-mails, interviews) or referrals made with (Circle all that apply):

Law enforcement (police, Sheriff).....	01
MDT	02
Family/District Court.....	03
DA's Office	04
CAJA	05
Guardian ad Litem (GAL)	06
Day care centers/preschools	07
Elementary/secondary schools	08
Domestic Violence programs	09
Treatment providers.....	10
Prevention programs.....	11
Other agencies (Specify _____) ..	12
No information about other contacts	97

8. a. What is the permanency plan for the victim(s)?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Return home.....	01	01	01	01
Foster care	02	02	02	02
Long-term foster care	03	03	03	03
Independent Living.....	04	04	04	04
Adoption	05	05	05	05
Termination of parental rights	06	06	06	06
TPR Exception	07	07	07	07
Relative placement	08	08	08	08
Services not provided	09	09	09	09
Other (Specify _____)	10	10	10	10
Remain in home	11	11	11	11
Unable to determine.....	97	97	97	97

b. Did the plan change for any of the victims?

Yes.....	1
No.....	2
DK.....	8

c. What is the most recent permanency goal for the victim(s)?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Return home.....	01	01	01	01
Foster care	02	02	02	02
Long-term foster care	03	03	03	03
Independent Living.....	04	04	04	04
Adoption	05	05	05	05
Termination of parental rights	06	06	06	06
TPR Exception	07	07	07	07
Relative placement	08	08	08	08
Services not provided	09	09	09	09
Other (Specify _____)	10	10	10	10
Unable to determine.....	97	97	97	97

9. What service referrals were made for victims, nonoffending parents, other children in the home, and/or perpetrators? (See billing information)?

a. Counseling

Yes.....1
 No..... 2 Go to 9b
 DK..... 8 Go to 9b

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

Box 1 Codes	
Person referral codes	Source referral codes
V_=Victim #	1=Court Ordered
C_=Child #	2=DHR
P_=Perpetrator #	3=DA
N_=Nonoffending parent	4=Other (Specify)
F_=Family	5=Unable to determine
 Status of referral codes	
1=Service received	
2=Service not available in community	
3=Service available, but no spaces open	
4=Provider refused to accept for service	
5=DHR has insufficient funds for service	
6=Client lacks resources to participate	
7=Client not eligible	
8=Client/Family refused	
9=Provider did not contact client	
10=Court ordered alternative service	
11=Other reason (Specify_____)	
99=Unable to determine	

b. Medical Evaluation

Yes.....1
 No..... 2 Go to 9c
 DK..... 8 Go to 9c

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

c. Medical treatment

Yes.....1
 No..... 2 Go to 9d
 DK..... 8 Go to 9d

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

d. Psychological Evaluation

Yes.....1
 No..... 2 Go to 9e
 DK..... 8 Go to 9e

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

e. Substance abuse treatment

Yes.....1
 No..... 2 Go to 9f
 DK..... 8 Go to 9f

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

f. Parenting Classes

Yes.....1
 No..... 2 Go to 9g
 DK..... 8 Go to 9g

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

g. Forensic Evaluation

Yes.....1
 No..... 2 Go to 9h
 DK..... 8 Go to 9h

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

h. Supervised Visitation

Yes.....1
 No..... 2 Go to 9i
 DK..... 8 Go to 9i

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

i. Other Services (Specify _____)

Yes.....1
 No..... 2 Go to 10
 DK..... 8 Go to 10

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

j. Other Services (Specify _____)

Yes.....1
 No..... 2 Go to 10
 DK..... 8 Go to 10

Persons Referred (Box 1 Codes)	Date of Earliest Referral (mm/dd/yy)	Source of Referral (Box 1 Codes)	Status of Referral (Box 1Codes)

10. a. What is the current status of this case in the DHR office?:

Closed 1
 Date of closure ____ / ____ / ____
 Open.....2 (Go to 10c)
 Unable to determine 7
 Not indicated 8 (Go to 10c)

b. What was the case disposition?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Death of child	1	1	1	1	GO TO 11
Child placed in free unrelated home	2	2	22		
Child transferred to another agency or institution.....	3	3	3	3	
Child attained age for self report.....	4	4	4	4	
Child returned to parent or relative.....	5	5	5	5	
Placed in another home.....	6	6	6	6	
Other (Specify _____).....	7	7	7	7	
Unable to determine	8	8	8	8	
Remain in home	11	11	11	11	

c. For each victim, indicate his/her current living condition:

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Living with relative (Kinship care).....	01	01	01	01
In DHR custody/foster care placement (unrelated).....	02	02	02	02
In emergency (temporary) foster care placement	03	03	03	03
In an adoptive placement (prefinalization)	04	04	04	04
Adopted.....	05	05	05	05
Remain at home	06	06	06	06
Living with original perpetrator(s)/parent(s) (Reunified)	07	07	07	07
Discharged to Independent Living/Emancipation	08	08	08	08
Other status	09	09	09	09
(Specify:_____)				
Unable to determine.....	97	97	97	97

11. After the current incident of maltreatment, were there any other allegations of maltreatment concerning the persons involved as victims and/or perpetrators here?

Yes, victim's family.....	1	
Yes, perpetrators	2	
No	3	END
Yes, victim and perpetrator.....	4	
DK	8	END

12. Were any of these subsequent allegations indicated or suspected?

Yes, victim's family	1
Yes, perpetrators	2
No	3
DK	8

-----END OF DHR ABSTRACT-----

DISTRICT COURT ABSTRACT

1. From which **source** did this case come to the attention of the District Court?

- DHR Protective Investigator (in Madison County) 1
- Protective Investigator (in other county or state) 2
- District Attorney's Office 3
- Circuit Court 4
- Other Source 5
- (SPECIFY) _____
- Unable to determine 7

2. a. On what date was case filed in District Court (mm/dd/yy): ____ / ____ / ____

b. Dates of protective custody hearings (mm/dd/yy):

Emergency(during investigation) ____ / ____ / ____

Ongoing (after investigation) ____ / ____ / ____

3. How many children are named in the current case? _____

NUMBER OF CHILDREN

List their V-code #'s (or C code #'s) as given in the Person Roster for this case:
 [NOTE: IF THERE ARE VICTIMS NAMED IN THIS INDICTMENT WHO ARE NOT LISTED IN THE PERSON ROSTER, STOP HERE AND NOTIFY WESTAT'S HOME OFFICE ABOUT THIS CASE, IDENTIFY ANY ADDITIONAL DHR CASE NUMBER(S) THAT MAY NEED TO BE ABSTRACTED IN DHR FILES].

4. a. Was a guardian *ad litem* or court appointed special advocate (CAJA) for the child appointed?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>	
Yes, GAL	1	1	1	1	
Yes, CJA	2	2	2	2	
No	3	3	3	3	GO TO Q5
Don't know	8	8	8	8	GO TO Q5

b. Were any reports filed by the guardian *ad litem* or CAJA?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Yes	1	1	1	1
No	2	2	2	2
Don't know	8	8	8	8

5. a. What hearings occurred in this case in District Court. (Use another sheet if there are more than 12 hearings. Include hearings for all victims.)

a. Total Number of Hearings _____

b. First Hearing $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$
MM / DD / YY

c. Last Hearing $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$
MM / DD / YY

d. Number of judges hearing cases: _____

	Hearings	Hearing Codes	Date mm/dd/yy	Outcome/ Disposition (Note that you are looking for custody awards, returns, remain in DHR custody, no contact, etc.)	Outcome Codes	Judge 1=Sherrod 2=Hall 3=Moquin 4=Referee
1						
2						
3						
4						
5						
6						
7						
8						
9						

Outcome Codes

- 1 = DHR Custody
- 2 = Supervised Visitation
- 3 = Foster care
- 4 = Termination of parental rights
- 5 = Adoption
- 6 = Placement with parent(s)
- 7 = Other relative placement
- 8 = Center/hospital placement
- 9 = Suspension of visitation
- 10 = Services ordered
- 11 = Custody granted to parent(s)
- 12 = Custody granted to relatives
- 14 = DNA Testing for parent
- 15 = Change in placement
- 16 = Placed with adoptive parents
- 17 = Family Counseling
- 20 = Other
- 97 = Not in record

5. b. Who attended the hearings?

	Hearings	Attending Attorney's Representing 1=Yes (GAL/Child 1=Yes, GAL, 3=Yes, child's attorney) 2=No 7=Not in record				Others Present 1=Yes (for other caregiver 1=Kin, 3=Unrelated) 2=No 7=Not in record					
		DHR	GAL/Child	Alleged Offender	Non-offending parent	DHR case worker	CAJA	Mother	Father	Other care giver	Other (Specify)
1											
2											
3											
4											
5											
6											
7											
8											
9											

5.c What petitions were filed? (Do not include rescheduling motions)

	Petitions (Protection orders, DNA testing orders.)	Petition Codes	Date mm/dd/yy	Findings (protection order granted, continue legal custody)	Finding Codes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

6. a. What is the current status of this case in District Court?:

Closed 1 Date of Closure: ____ / ____ / ____
 Open 2 GO TO Q 6c

b. What was the reason for case closure?

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Not filed by DA	01	01	01	01
Voluntary dismissal	02	02	02	02
Jursidiction transferred to another county or state	03	03	03	03
Child placed with mother.....	04	04	04	04
Child placed with parents	05	05	05	05
Child placed with (Specify _____)	06	06	06	06
Adopted/TPR	07	07	07	07
Parent completed treatment/classes	08	08	08	08
No more abuse/safe environment.....	09	09	09	09
Other status (Specify _____)	10	10	10	10
Unable to determine.....	97	97	97	97

GO TO Q6d

c. What is the current classification of this case?

Investigation	1
Protective Supervision.....	2
Foster Care.....	3
Adoption	4
Other	5
(What? SPECIFY: _____)	
Unable to determine	7

d. For each victim indicate his/her current placement:

	<u>V1</u>	<u>V2</u>	<u>V3</u>	<u>V4</u>
Living with relative.....	01	01	01	01
(Who? Specify: _____)				
In DHR custody/foster care placement	02	02	02	02
In emergency (temporary) foster care placement	03	03	03	03
In an adoptive placement (prefinalization)	04	04	04	04
In a finalized adoptive placement	05	05	05	05
Living with original perpetrator(s)/parent(s)	06	06	06	06
Discharged to Independent Living	07	07	07	07
Other status (SPECIFY: _____)	08	08	08	08
Unable to determine.....	97	97	97	97

Appendix C

Data Collection Forms for Burlington, VT

6. Did SRS cross-refer the report to law enforcement?
1. Not necessary—law enforcement reported the case to SRS
 2. No
 3. Yes, to CUSI
 4. Yes, to other law enforcement agency
 9. Unable to determine

7. Did SRS work with CUSI on this case?
1. Yes
 2. No
 9. Unable to determine

*8. Report for this petition was substantiated on: /___/___/___/
mm dd yr

9. Allegations contained in the SRS affidavit:

a. What type of maltreatment is alleged? (*Circle all that apply*)

- | | |
|---------------------|--|
| 01. Physical abuse | 06. Risk of harm-sexual abuse |
| 02. Sexual abuse | 07. Risk of harm-physical |
| 03. Emotional abuse | 08. Other maltreatment or endangerment |
| 04. Neglect | (Specify _____) |
| 05. Abandonment | _____ |
| | _____ |

b. Are other problems mentioned? (*Circle all that apply*)

1. Substance abuse by parent or caretaker
2. Psychiatric illness of parent or caretaker
3. Domestic violence (other than child abuse)
4. Other (Specify _____)

10. Who is (are) the primary caretaker(s) named in the petition? (*Circle all that apply*)

- | | |
|-----------------------|------------------------------------|
| 01. Mother | 07. Other relative (Specify _____) |
| 02. Father | 08. Foster parent(s) |
| 03. Stepmother | 09. Guardian |
| 04. Stepfather | 10. Other (Specify _____) |
| 05. Parent's paramour | _____ |
| 06. Sibling | 99. Unable to determine |

*11. **Complete only if physical or sexual abuse is involved:** Who is(are) believed to be the perpetrator(s)? *(Circle all that apply)*

- | | |
|--|-----------------------------------|
| 01. Mother | 08. Foster parent(s) |
| 02. Father | 09. Guardian |
| 03. Stepmother | 10. Friend or acquaintance |
| 04. Stepfather | 11. Stranger |
| 05. Parent's paramour | 12. Other (<i>Specify</i> _____) |
| 06. Sibling | _____) |
| 07. Other relative (<i>Specify</i> _____) | 94. Not applicable |
| _____) | 99. Unable to determine |

12. Is there any record of a concurrent District or Juvenile Court case?

	No	Yes
a. District Court case for adult perpetrator	1	2
b. Juvenile court case for victim	1	2
c. Juvenile court case for perpetrator	1	2

Part B: Demographic Characteristics of the Primary Child (as Indicated by the Family Court)

*13. Date of birth (or age of child at time petition was initially filed)

/___/___/___/ OR Age: ___years
 mm dd yr

*14. Gender of child:

1. Male
2. Female

*15. Race and ethnicity of child *(Circle all that apply)*:

1. White/Caucasian
2. Black or African American
3. Hispanic or Latino
4. Asian
5. American Indian or Alaska Native
6. Native Hawaiian/Pacific Islander
7. Other (*Specify* _____)
9. Unable to determine

16. At the time of this petition, how many other minor children were living with the parents/ caretakers involved in this case?

_____ children

Part C: Child Welfare History

*17. Number of previous SRS referrals/contacts on family (0=none): _____

OR 99=Unable to determine

*18. Number of previous investigations opened on family (0=none): _____

OR 99=Unable to determine

*19. Number of previous investigations that resulted in substantiation of child abuse or neglect (0=none): _____

OR 99=Unable to determine

*20. Do SRS files contain evidence of a previous child maltreatment history (by anyone) for **this child**?

	Yes	No
a. Out-of-home placement	1	2
b. Substantiated child abuse or neglect	1	2

*21. Do SRS files contain evidence of a previous child maltreatment history (by anyone) for any of this child's siblings **in this household**?

	Yes	No
a. Out-of-home placement	1	2
b. Substantiated child abuse or neglect	1	2
c. Child death from abuse/neglect	1	2

Part D: SRS Investigation

22. Initial in-person response to referral was made:

1. By SRS worker(s) alone
2. By SRS worker with law enforcement
3. By other (*Specify* _____)
9. Unable to determine

23. Were any of the following circumstances alleged or confirmed **for this child**?

	No indication	Alleged/suspected	Confirmed
a. Prenatal or infant drug exposure	1	2	3
b. Substance abuse by child	1	2	3
c. Developmental delay, ADD, ADHD	1	2	3
d. Mental illness	1	2	3
e. Serious physical disability/illness	1	2	3
f. Runaway	1	2	3
g. Truancy	1	2	3
h. Sexual acting out	1	2	3
i. Delinquency	1	2	3

24. Were any of the following **parental/caretaker circumstances** alleged or confirmed?

	No indication	Alleged/suspected	Confirmed
a. Substance abuse by mother	1	2	3
b. Substance abuse by father	1	2	3
c. Mental illness	1	2	3
d. Other mental or physical disability/illness	1	2	3
d. Domestic violence (except child abuse)	1	2	3
e. Current incarceration	1	2	3

25. Was substance abuse by a primary caretaker confirmed?

1. No (*Skip to Question #27*)
2. Yes

26. What substances was the primary caretaker abusing? (*Circle all that apply*)

1. Alcohol
2. Marijuana or hashish
3. Heroin/opiates
4. Other substances (*Specify* _____)
9. Unable to determine

Part E: Services Needed and Received

27. List the services needed and received by the family, as indicated in the files. *(If the files do not show that a service was needed or received, indicate "No" in response to appropriate items.)*

Type of service	Office Code	Needed?		Referral made?		Services received?		Services began how many days after petition? <i>Check one</i>			Name of Provider	Office Code
		Yes	No	Yes	No	Yes	No	0-30	31-60	61+		
a. Substance abuse assessment		1	2	1	2	1	2					
b. Substance abuse treatment		1	2	1	2	1	2					
c. Sex offender evaluation		1	2	1	2	1	2					
d. Sex offender treatment		1	2	1	2	1	2					
e. In-home visiting by service provider (VNA, IFBS, etc.)		1	2	1	2	1	2					
f. Domestic violence services		1	2	1	2	1	2					
g. Supervised visitation		1	2	1	2	1	2					
h.		1	2	1	2	1	2					
i.		1	2	1	2	1	2					
j.		1	2	1	2	1	2					
k.		1	2	1	2	1	2					
l.		1	2	1	2	1	2					

Part F: Out-Of-Home Placement Of Child

*28. Was the child placed during or subsequent to this petition process?

1. Yes
2. No (*Skip to Question #30*)

*29. Child's Placement History (*Complete from time of initial placement following this SRS report to present. Add additional sheets if needed. For foster home placement, indicate in-county or out of county.*)

Where Placed? (<i>Type</i>)	Office Code	Entered			Exited			Permanent placement?		
		Mo	Da	Yr	Mo	Da	Yr	Yes	No	DK
a.								1	2	8
b.								1	2	8
c.								1	2	8
d.								1	2	8
e.								1	2	8
f.								1	2	8
g.								1	2	8
h.								1	2	8
i.								1	2	8
j.								1	2	8
k.								1	2	8
l.								1	2	8
m.								1	2	8
n.								1	2	8
o.								1	2	8

Part G: Subsequent Referrals to SRS (After Filing of This Petition)

*30. How many SRS referrals/contacts were received on this family/child **in the 6 months after this dependency petition** was filed? (*See Question #1 for filing date*)

Number _____ OR 99 Unable to determine

31. Primary allegations in the **first** subsequent referral/contact received by SRS (*circle all that apply*):

- | | |
|---------------------|---|
| 01. Physical abuse | 06. Risk of harm-sexual abuse |
| 02. Sexual abuse | 07. Risk of harm-physical |
| 03. Emotional abuse | 08. Other maltreatment or endangerment
(Specify _____) |
| 04. Neglect | 94. Not applicable—no subsequent reports |
| 05. Abandonment | 99. Unable to determine |

*32. Disposition of the **first** subsequent referral/contact to SRS:

1. SRS report not accepted for investigation
2. SRS report investigated and substantiated
3. SRS report investigated and not substantiated
4. Not applicable—no subsequent reports
9. Unable to determine

33. Primary allegations in the **second** subsequent referral/contact received by SRS (*circle all that apply*):

- | | |
|---------------------|---|
| 01. Physical abuse | 06. Risk of harm-sexual abuse |
| 02. Sexual abuse | 07. Risk of harm-physical |
| 03. Emotional abuse | 08. Other maltreatment or endangerment
(Specify _____) |
| 04. Neglect | 94. Not applicable—no subsequent reports |
| 05. Abandonment | 99. Unable to determine |

*34. Disposition of the **second** subsequent referral/contact to SRS:

1. SRS report not accepted for investigation
2. SRS report investigated and substantiated
3. SRS report investigated and not substantiated
4. Not applicable—no subsequent reports
9. Unable to determine

35. Primary allegations in the **third** subsequent referral/contact received by SRS (*circle all that apply*):

- | | |
|---------------------|---|
| 01. Physical abuse | 06. Risk of harm-sexual abuse |
| 02. Sexual abuse | 07. Risk of harm-physical |
| 03. Emotional abuse | 08. Other maltreatment or endangerment
(Specify _____) |
| 04. Neglect | 94. Not applicable—no subsequent reports |
| 05. Abandonment | 99. Unable to determine |

*36. Disposition of the **third** subsequent referral/contact to SRS:

1. Not accepted for investigation
2. Investigated and substantiated
3. Investigated and not substantiated
4. Not applicable—no subsequent reports
9. Unable to determine

Part H: Status and Outcome of Case

*37. Has it been 1 year since this petition was filed?

1. Yes
2. No

38. Based on the last case plan review, has the family complied with the case plan and related requirements?

1. No case plan review is available
2. Family has not complied
3. Family has partially complied
4. Family has complied
5. Other (Specify _____)
9. Unable to judge

39. One year after the petition was filed, has the original presenting problem been addressed?

1. Yes
2. No
4. Not applicable—it has not been a year
9. Unable to judge

Comments: _____

*40. What is the current status of this case?

1. Open
2. Transferred to another jurisdiction
3. Closed
4. Other (*Specify* _____)
9. Unable to determine

*41. Date case was closed or transferred on: /___/___/___/
mm dd yr

OR 94/94/94=Not applicable—still open
99/99/99=Unable to determine

43. If this case was closed, why was it closed?

44. Was the case closed:

1. With SRS recommendation
2. Against SRS recommendation
9. Unable to determine

REVIEWER'S INITIALS: _____ **REVIEW DATE:** _____

FAMILY COURT ABSTRACT

1. Was this case brought to Family Court by:
 1. The State's Attorney's Office
 2. Another source (*Specify*_____)

2. Date petition was initially filed: /___/___/___/
 mm dd yr

3. Basis for filing petition (from affidavit)
 - a. What type of maltreatment is alleged? (*Circle all that apply*)

01. Physical abuse	06. Risk of harm-sexual abuse
02. Sexual abuse	07. Risk of harm-physical
03. Emotional abuse	08. Other maltreatment or endangerment
04. Neglect	(<i>Specify</i> _____)
05. Abandonment	_____
	_____)

 - b. Are other problems mentioned? (*Circle all that apply*)
 1. Substance abuse by parent or caretaker
 2. Psychiatric illness of parent or caretaker
 3. Domestic violence (other than child abuse)
 4. Other (*Specify*_____)

4. How many children, including the primary child, are referenced in the affidavit?
 _____ children

Characteristics of the primary child

5. Date of birth (age) of child at time petition was initially filed
 /___/___/___/ OR Age: ___years
 mm dd yr

6. Gender of child:
 1. Male
 2. Female

7. Race and ethnicity of child (*Circle all that apply*):
1. White/Caucasian
 2. Black or African American
 3. Hispanic or Latino
 4. Asian
 5. American Indian or Alaska Native
 6. Native Hawaiian/Pacific Islander
 7. Other (Specify _____)
 9. Unable to determine
8. Who is (are) the primary caretaker(s) named in the petition? (*Circle all that apply*)
01. Mother
 02. Father
 03. Stepmother
 04. Stepfather
 05. Parent's paramour
 06. Sibling
 07. Other relative (Specify _____)
 08. Foster parent(s)
 09. Guardian
 10. Other (Specify _____)
 99. Unable to determine
9. **Complete only if physical or sexual abuse is involved:** Who is(are) believed to be the perpetrator(s)? (*Circle all that apply*)
01. Mother
 02. Father
 03. Stepmother
 04. Stepfather
 05. Parent's paramour
 06. Sibling
 07. Other relative (Specify _____)
 08. Foster parent(s)
 09. Guardian
 10. Friend or acquaintance
 11. Stranger
 12. Other (Specify _____)
 94. Not applicable
 99. Unable to determine
10. Are any of the alleged perpetrators juveniles (under age 18)?
1. Yes
 2. No
 9. Unable to determine

11. Hearing History

Type of Hearing	Date	Outcome	Child's Placement Status		Judge Init.	Child's Attorney		Mother's Attorney		Father's Attorney		Other Adult's Attorney		GAL	
			Placed with? (List type or relationship)	Perm. home? ✓		Init	Attnd? ✓	Init	Attnd? ✓	Init	Attnd? ✓	Init	Attnd? ✓	Init	Attnd? ✓

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Note: If more space is needed, make extra copies of this sheet to record all court hearings.

Court Orders and Outcomes

12. Is there evidence that the Family Court ordered any of the following? (*Circle. If yes, fill in dates. If more than 2 dates ordered, fill in the first 2*)

	Yes	No	1 st Date ordered	2 nd Date Ordered
a. Treatment or services for dependent child	1	2	/ /	/ /
b. Treatment for alleged juvenile perpetrator of abuse	1	2	/ /	/ /
c. Treatment for alleged adult perpetrator of abuse	1	2	/ /	/ /
d. Treatment or services for other adults	1	2	/ /	/ /
e. Supervised visitation	1	2	/ /	/ /
f. Other (specify)	1	2	/ /	/ /
g. Other (specify)	1	2	/ /	/ /

13. Is there any evidence about compliance with the court orders?

1. Yes
2. No evidence (*Skip to Question #15*)
8. Does not apply—no court orders (*Skip to Question #15*)

14. Was there compliance with orders for:

	Yes	Partial	No	Not Sure	No Orders
a. Treatment or services for dependent child	1	2	3	8	0
b. Treatment for alleged juvenile perpetrator of abuse	1	2	3	8	0
c. Treatment for alleged adult perpetrator of abuse	1	2	3	8	0
d. Treatment or services for other adults	1	2	3	8	0
e. Supervised visitation	1	2	3	8	0
f. Other (specify)	1	2	3	8	0
g. Other (specify)	1	2	3	8	0

15. What is the current status of this case?

1. Open
2. Closed on: / ___ / ___ / ___ /
 mm dd yr

16. Why was the case closed? (*Circle all that apply*)

01. Dismissed/evidence not sufficient
02. Jurisdiction transferred to another location
03. Parent/caretaker(s) completed treatment or other requirements
04. Parent/caretaker(s) are providing safe environment
05. Child adopted/TPR
06. Child placed elsewhere (Specify _____)
07. Other (Specify _____)
94. Not applicable/still open
99. Unable to determine

REVIEWER'S INITIALS: _____ REVIEW DATE: _____

Coding Form For Internal Westat Use Only: Family Court History

1. Total number of:

	Count #	DK
a. Court hearings		98
b. Judges		98
c. Attorneys for child		98
d. GALs for child		98
e. Hearings with GAL present		98

2. Date of initial hearing: /__ /__ /__ /
mm dd yr

3. Present at the initial hearing:

	Yes	No	DK	NA
a. Mother's counsel	1	2	8	4
b. Father's counsel	1	2	8	4
c. Other adult's counsel	1	2	8	4
d. Child's counsel	1	2	8	4
e. Child's GAL	1	2	8	4

4. Date of TPR hearing: /__ /__ /__ / OR 88=Not applicable
mm dd yr

5. Present at the TPR hearing:

	Yes	No	DK	NA
a. Mother's counsel	1	2	8	4
b. Father's counsel	1	2	8	4
c. Other adult's counsel	1	2	8	4
d. Child's counsel	1	2	8	4
e. Child's GAL	1	2	8	4

6. Date of child's permanent placement: /___/___/___/
mm dd yr

OR 94949494=not applicable, not in permanent placement
999999=Unable to determine from court history

7. Child's placement at time of last or final court hearing:

1. With parent(s)
2. With other relative (*Specify*_____)
3. In HRS custody/foster care
4. In adoptive placement (pre-finalized)
5. In finalized adoptive placement
6. Independent living
7. Other (*Specify*_____)
9. Unable to determine

8. If this child is in an adoptive placement, is the placement with relatives?

1. Yes
2. No
4. Not applicable—not in adoptive placement
9. Unable to determine

CODER'S INITIALS: _____ **REVIEW DATE:** _____

Coding Form For Internal Westat Use Only: Placements

[Use SRS records as the primary source unless SRS did not have custody or SRS information was unavailable. Indicate source in #10.]

1. Total number of placements reported: _____ or 94=Not applicable [Skip to #10]

[Note: Use 94 if child was not in SRS custody and never left home according to court records. If child was in SRS custody but stayed home, code 01.]

2. Child's placement history (00=none):

	Count #	NA	DK
a. Home		94	98
b. Hospital (newborn)		94	98
c. Foster home/in-county		94	98
d. Foster home/out-of county		94	98
e. Foster home/residential		94	98
f. Foster home/relative-kinship		94	98
g. Group home		94	98
h. Other parent		94	98
i. Residential		94	98
j. Residential/in-state		94	98
k. Residential/out of county		94	98
l. Other (specify) _____		94	98

3. Duration of out of home placements (00=none):

# of out-of-home placements lasting:	Count #	NA	DK
a. Less than 1 month		94	98
b. 1 month to 6 months		94	98
c. Over 6 months to 1 year		94	98
d. More than one year		94	98
e. Unable to determine		94	98

8. Is this permanent placement an adoptive or pre-adoptive home?
1. Yes
 2. No
 4. Not applicable/not in permanent placement
 9. Unable to determine
9. If the final placement is not a permanent placement, what is the plan for this child?
1. Adoption
 2. Reunification
 3. Something else (specify) _____
 4. Not applicable/in permanent placement
 9. Unable to determine
10. Was the placement history available from SRS?
1. Yes
 2. No—court placed the child w/o SRS custody
 3. Other (specify) _____

CODER'S INITIALS: _____ **REVIEW DATE:** _____